

THE FIRST ONE HUNDRED YEARS
OF
MENTAL HEALTH SERVICES
1885 - 1985

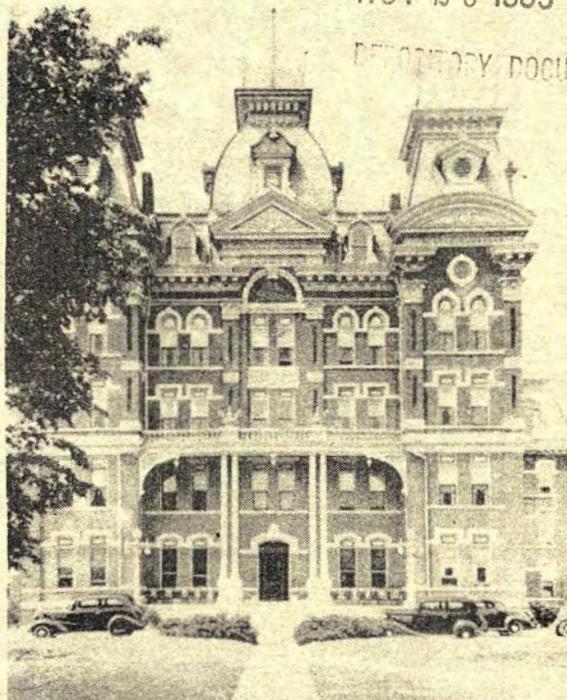
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NEVADA STATE HOSPITAL
AND
NEVADA HABILITATION CENTER

THE FIRST ONE HUNDRED YEARS
OF
MENTAL HEALTH SERVICES
1885 - 1985

NEVADA STATE HOSPITAL
and
NEVADA HABILITATION CENTER
Nevada, Missouri 64772
Telephone: (417) 667-7833

NEVADA HABILITATION CENTER OFFICIALS
SUPERINTENDENT
CHARLES W. BREWER
ASSISTANT SUPERINTENDENT, ADMINISTRATION
WILLIAM O. CLOSE
ASSISTANT SUPERINTENDENT, TREATMENT
JAMES D. WALKER
MEDICAL DIRECTOR
WILLIAM C. MAGNESS, M.D.

NEVADA STATE HOSPITAL OFFICIALS
SUPERINTENDENT
HAROLD W. WILSON
MEDICAL DIRECTOR
B. U. SREENARASIMHAIAH, M.D.
HOSPITAL MANAGEMENT ASSISTANT
JACK CRAFT

July 1985



CHARLES N. BREWER
SUPERINTENDENT
NEVADA REHABILITATION CENTER

INTRODUCTION

The history of Nevada Mental Health services reflect the words of Cicero's, "Not to know what happened before one was born is to remain a child."

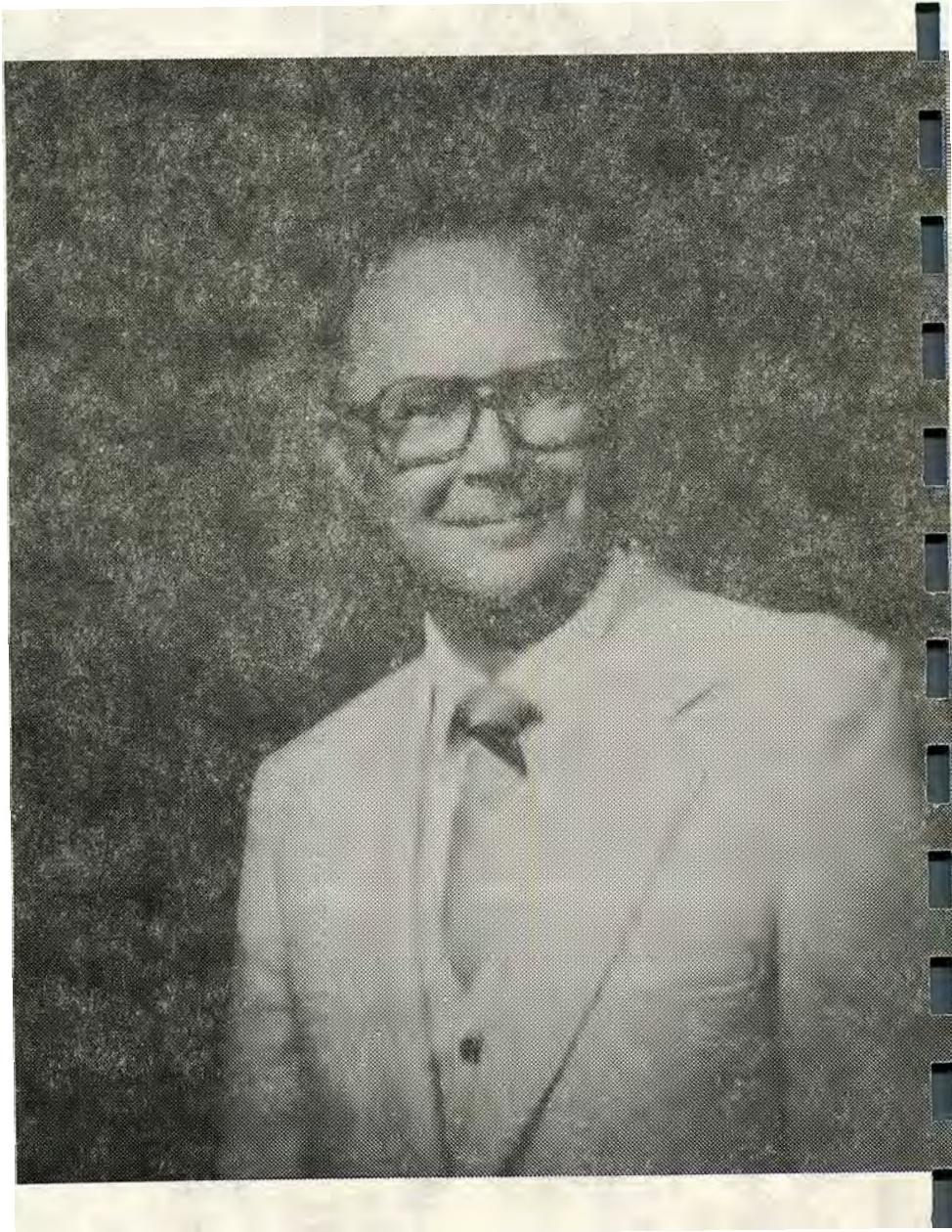
Nevada Habilitation Center was born with a history of successful service to the disabled. She suffered, as all adolescents do, a period of goal identification. Shaped by an inventive staff, she matured into a young woman known as a deliverer of exceptional service to the mentally retarded citizens of our State.

One can only believe that she will be this **Great** lady in all the years to come, second to none in her endeavor.

DEDICATION

If we were to conjure a composite of a staff member who would best represent all the employees who have given years in service to make this "100 years of mental health service" a reality, he would resemble closely a **Dr. Paul L. Barone**, and to him who exemplifies each of us, we dedicate this manuscript.

Charles W. Brewer
Superintendent
Nevada Habilitation Center



HAROLD W. WILSON
SUPERINTENDENT
NEVADA STATE HOSPITAL

NEVADA STATE HOSPITAL

As we near the end of our first one hundred years of providing psychiatric services to the residents of Southwest Missouri, I am able to look back and appreciate our present situation. Nevada State Hospital has been very successful in hiring concerned, qualified mental health professionals, which is the heart of any treatment program. We are fortunate to live in an area with a good supply of professional talent and to have been able to attract other professional staff into the area.

I am excited about the future of Nevada State Hospital as it appears at this time. Funding has been approved for extensive renovation of existing buildings. I also anticipate increased success in recruiting highly qualified staff. Treatment emphasis is changing from long term inpatient care to short term inpatient care and more care on an outpatient basis. Management and treatment staff frequently reassess existing conditions so that services can be adjusted to meet changing needs. More emphasis will be directed toward preventive services and outpatient services that are available as near as possible to the homes of all citizens. Psychiatric services will be more appropriate, more accessible, and less restrictive as new programs and resources are developed.

Harold W. Wilson
Superintendent
Nevada State Hospital

JOHN ASHCROFT
GOVERNOR
PAUL R. AHR, Ph.D., M.P.H.
DIRECTOR
DEPARTMENT OF MENTAL HEALTH
GARY V. SLUYTER, Ph.D., M.P.H.
DIRECTOR
DIVISION OF MENTAL RETARDATION
AND DEVELOPMENTAL DISABILITIES



CURRENT FACILITY DESIGNATIONS

Nevada Habilitation Center, located in the southwest section of Missouri, is a state supported habilitation center for the mentally retarded and developmentally disabled citizens.

In July, 1973, Nevada State School and Hospital (now the Nevada Habilitation Center) was established at Nevada, Missouri, and assumed the major usage and responsibility of buildings and staff that had been Nevada State Hospital. Nevada State Hospital, established in 1886, has served, and is presently serving the mentally ill in a 21 county catchment area.

Nevada Habilitation Center is one of the five State supported habilitation facilities for the mentally retarded and developmentally disabled under the Division

of Mental Retardation and Developmental Disabilities, Missouri Department of Mental Health. Sister facilities are Habilitation Centers located at Marshall, St. Louis, Higginsville and the St. Louis Developmentally Disabled Treatment Center and the eleven (11) Regional Centers for the Developmentally Disabled located in Albany, Columbia, Hannibal, Joplin, Kansas City, Kirksville, Poplar Bluff, Rolla, Sikeston, Springfield and St. Louis.

Nevada State Hospital is presently providing inpatient services to a 21 county area in southwest Missouri.

Acute inpatient care is directed primarily to Service Area #8 residents, although due to lack of inpatient beds in Service Area #9 and #10, we are providing acute inpatient services to those areas.

Nevada State Hospital has been designated to provide inpatient chronic care services to 21 counties. This includes all of Service Area #8, #9, and #10. In conjunction with our inpatient services are the adjunctive therapies—group and individual therapy, recreational therapies, social activities, and pastoral ministries.

Nevada State Hospital Outpatient Department provides services primarily to Service Area #8 population. These services include counseling (group and individual), information and educational services, screening and referral, medical treatment, evaluation, and diagnosis. In addition, we are providing some community based outpatient services through a contractual agreement with community providers. This arrangement is made possible through the Purchase of Service Program.

Nevada State Hospital also has a Community Placement Program that presently provides direct services to approximately 300 patients in Service Area #8 and #9, and monitors the care of another 160 patients primarily in Service Area #10.

SUPERINTENDENTS

The following are the superintendents who have served this institution and the approximate dates that they were here. We regret that the records do not give more complete information on them:

| <u>Superintendents</u> | <u>From</u> | <u>To</u> |
|--------------------------|---------------|---------------|
| Dr. R. E. Young | 1887 | 1893 |
| Dr. J. F. Robinson | 1893 | 1905 |
| Dr. L. H. Callaway | 1905 | 1907 |
| Dr. G. Wilse Robinson | 1907 | 1909 |
| Dr. J. W. Lamson | 1909 | 1911 |
| Dr. M. P. Overholser | 1911 | 1913 |
| Dr. Will P. Bradley | 1913 | June 3, 1919 |
| Dr. T. B. M. Craig | June 3, 1919 | Jan. 1, 1922 |
| Dr. Porter E. Williams | Jan. 1, 1922 | Sept., 1923 |
| Dr. D. D. Campbell | Sept., 1923 | 1924 |
| Dr. Emmett F. Hoctor | 1924 | 1925 |
| Dr. J. W. Bruton | 1925 | 1927 |
| Dr. J. H. Parker | 1927 | 1928 |
| Dr. George H. Johns | 1928 | 1929 |
| Dr. F. M. Grogan | 1929 | June 1, 1933 |
| Dr. T. R. Frazer | June 1, 1933 | Nov. 15, 1938 |
| Dr. Orr Mullinax | Nov. 15, 1938 | Oct. 10, 1941 |
| Dr. Ralf Hanks | Oct. 10, 1941 | 1948 |
| Dr. Paul L. Barone | 1948 | 1970 |
| Dr. Derek D. Hughes | May, 1970 | July, 1972 |
| Dr. Paul L. Barone | 1972 | July, 1975 |
| Dr. Edgardo C. Francisco | July, 1975 | Nov., 1976 |
| Dr. Paul L. Barone | 1976 | 1982 |
| Mr. Harold Wilson | 1982 | |

NEVADA HABILITATION CENTER

Mr. Charles W. Brewer Feb., 1972

**EXECUTIVE OFFICE
STATE OF MISSOURI
JEFFERSON CITY**

June 30, 1985

Dear Friends:

As Governor of the State, it is my pleasure to offer thanks and congratulations to the employees of the Nevada Habilitation Center/Nevada State Hospital on this special occasion. I regret that prior commitments must keep me from joining you for this centennial celebration.

Our state employees provide Missourians quality service. Ours is a productive and friendly work force, known for the valuable contributions made by the state government team. One hundred years of dedicated and caring service provided by the staff, past and present, of the Nevada Habilitation Center/Nevada State Hospital has touched the lives of many in a positive way. You deserve to be recognized for your good work, and I am proud to commend you.

Again, my congratulations to each of you for the fine example you have set for your colleagues who serve the citizens of Missouri -- may you serve one hundred years more!

Sincerely,

[Redacted]
**/S/John Ashcroft
GOVERNOR**

RESOLUTION NO. 631

A RESOLUTION OF THE CITY OF NEVADA, MISSOURI IN RECOGNITION OF THE ONE HUNDREDTH ANNIVERSARY OF THE ESTABLISHMENT OF STATE HOSPITAL #3 NOW KNOWN AS NEVADA HABILITATION CENTER AND NEVADA STATE HOSPITAL AND ITS CONTRIBUTIONS TO THE FIELD OF MENTAL HEALTH, TO THE LOCAL ECONOMY, AND TO THE COMMUNITY.

WHEREAS, the State of Missouri authorized a State Facility to be built in 1885;

WHEREAS, the Citizens of the Nevada area banded together to secure the facility in their Community; and

WHEREAS, The State of Missouri accepted their offer of land and goods and services; and

WHEREAS, that facility is still located on the same site; and

WHEREAS, the facilities provide employment to the Citizens and financial support to the local economy; and

WHEREAS, the facilities serve the Citizens of this region as well as statewide; and

WHEREAS, the Citizens of Nevada wish to warmly welcome the visitors to the Centennial Celebration; and

WHEREAS, The Centennial celebration will run through the first week of July, 1985, ending with a Fireworks Display on July 5, 1985;

NOW THEREFORE, be it resolved, that the City Council of the City of Nevada, Missouri, in recognition of the long standing presence and the many contributions of the Nevada Habilitation Center, the Nevada State Hospital, the Staff, Administrators, and the Department of Mental Health and the continuing commitment to provide Mental Health and Developmental Disabilities Services to this area, does hereby honor the One Hundredth Anniversary of the establishment of this State facility in Nevada, Missouri.

PASSED, APPROVED AND ADOPTED by the City Council of the City of Nevada, Missouri, this 2nd day of July, 1985.

/S/James A. Novak
Mayor

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THE HISTORY OF THE NEVADA STATE HOSPITAL
and
THE NEVADA HABILITATION CENTER

CHAPTER I

ESTABLISHMENT OF THIS FACILITY

Twenty-six years after admission to the Union in 1847, Missouri made the first provision for State care of its mentally ill citizens by authorizing an "asylum for the insane" at Fulton. When this asylum opened its doors four years later, it became the first psychiatric institution west of the Mississippi River.

In subsequent history, Missouri established three additional institutions for the mentally ill. St. Joseph State Hospital was the second institution and was built in 1872 with the first patient being admitted in 1876. Fire destroyed the original institution on January 25, 1879, but it was rebuilt and reopened on April 1, 1880.

Nevada State Hospital was created by an act of the 33rd Missouri Assembly on March 10, 1885. Farmington State Hospital #4 would be established in 1889 and receive patients in 1903.

It was originally intended that what is now known as Nevada Habilitation Center and Nevada State Hospital would be located in Springfield, but the members of the legislature from the southwest portion of the State succeeded in amending the act so that the location might be made at any other locality in that quarter of the state and in that form, it became law.

The selection of the site was delegated to a board of commissioners appointed by Governor John Sappington Marmaduke and their actions in the location was made subject to his approval and confirmation. This Board of Commissioners consisted of T. R. H. Smith, M.D., W. P. Munro, C. L. Dobson, P. McGrath, E. W. Stephens, R. E. Young, M.D., J. F. Coffey, M.D. and T. W. Park.

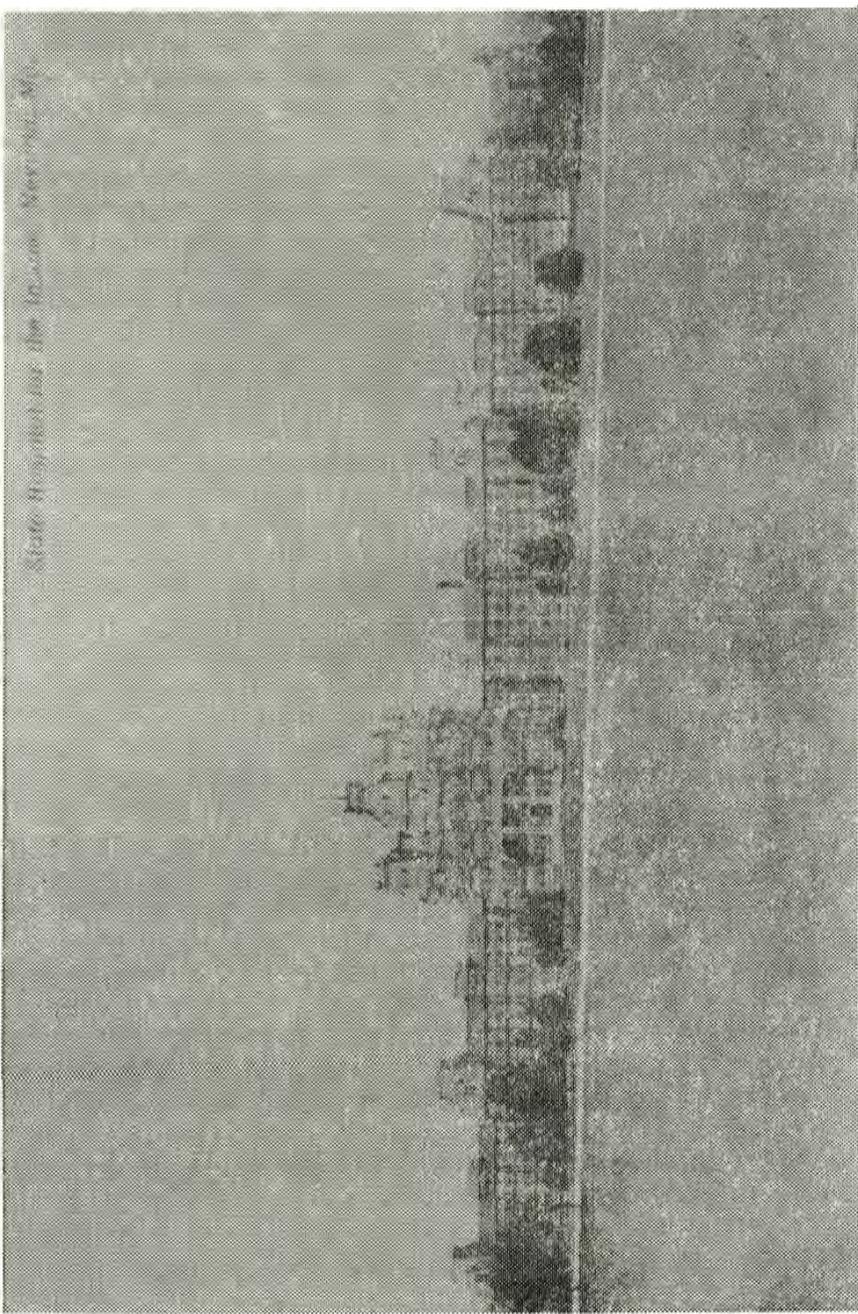
Nevada, Carthage and Springfield were aspirants for the institution and zealous competition was at once began among the three cities. Because the commissioners were authorized to fix the location at the point offering "the most and best inducements, all things being considered", Nevada and the county generally worked for the coveted prize.

An example of how the City of Nevada saw itself at the time of this competition may be taken from this account published in Brown's History of Vernon County, in April 1887:

"At present, there is this to be said of Nevada: it is a good town and promises to be better. The compiler of this history can afford to tell the truth. It is not the best town in the country, nor are its prospects the brightest; but it can and doubtless will hold its own. It already has most of the institutions considered necessary for the well-being of modern cities and towns. It has most excellent public and private schools and eight church buildings and organizations. The city is supplied with water and gas; an electric light plant has recently been put in place; the telephone system is good; an elegant opera-house has been built for public entertainment; all the great secret and social orders have representation; the business houses and stocks are unusually good; and an index of their prosperity is the fact that they support two excellent daily and four weekly newspapers."

The same publication also gives the following endorsement of the city:

"Nevada is located in the heart of one of the richest agricultural districts in southwest Missouri at an altitude of more than 1,100 feet above sea level. It has all the natural qualities that go to make an ideal health and pleasure resort with an abundance of healthful mineral water and pure air. The country was famous for its climate, water and atmosphere long before the white men ever saw it. Nevada is sixty-four miles north of Joplin, 103 miles south of Kansas City and 317 miles south and west of St. Louis. Good transportation facilities are afforded by the Missouri



View of Center Building with West and East wings, circa 1915.

Pacific and Missouri, Kansas & Texas and their connecting lines. The city is rapidly increasing in wealth, population and importance. It has three daily papers and four weeklies. It has three banks with combined deposits of over \$1,500,000, and the largest loan and saving association in the state with assets amounting to over \$1,000,000."

NEWSPAPER ASSISTANCE

Newspapers like THE SOUTHWEST MAIL, now (THE NEVADA DAILY MAIL), as well as THE DEMOCRAT, and THE LEDGER OF NEVADA, for once at least, "pulled together". THE MAIL especially gave much of its space to stirring and convincing articles on the subject and the people generally were thoroughly awakened to the importance of prompt and practical action.

This is illustrated through some research done by John Copple for THE NEVADA DAILY MAIL in their Centennial Edition of THE NEVADA HERALD, October 30, 1983, in an article entitled Competition was Heavy for State Asylum. The article is reprinted here in its entirety:

"Early in 1885, THE NEVADA DAILY MAIL began talking of a 'lunatic asylum' the State of Missouri planned to locate in the southwest part of the state.

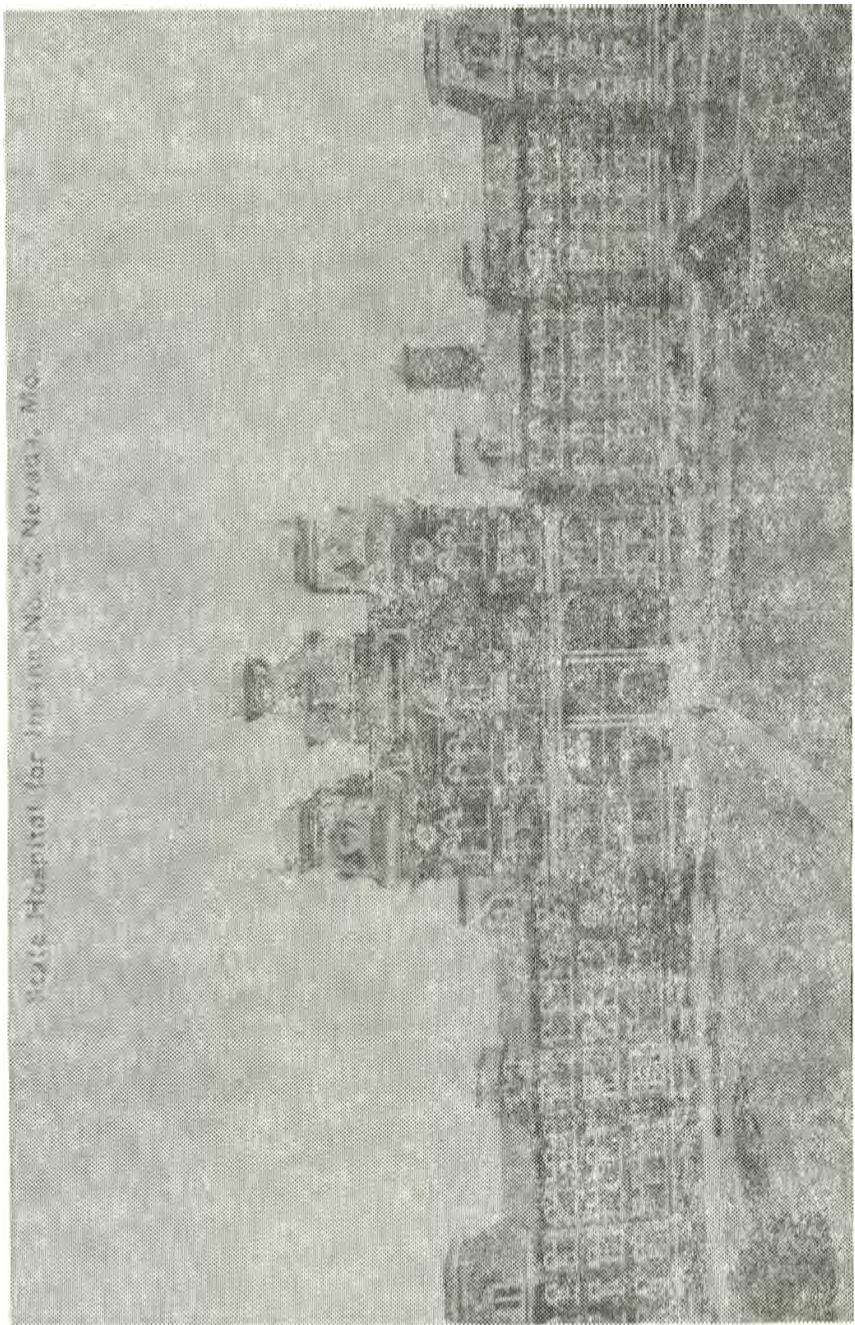
"The insane asylum...will disburse \$250,000 or more annually," THE MAIL reported on January 10, 1885. "...The contest for the building...will doubtless be confined to two or three cities in the southwest. In such a fight, Nevada's chances would be excellent.

"The struggle is well worth our attention," the paper exhorted. "Even if the proposition to build is defeated, the enterprise exhibited in the attempt to secure it will more than reimburse us for the small expense which it will necessitate.

RECOMMENDATIONS

"About one month later, THE DAILY MAIL carried the recommendations of other Missouri papers for locating the asylum here.

State Hospital for Insane No. 2, Nevada, Nev.



View of Center Building with part of West and East wing, circa 1920.

Praise of Nevada as 'the best point...favorably and centrally located,' came from the ROCKVILLE GLOBE, CALLAWAY GAZETTE, PARIS MERCURY, MONROE COUNTY APPEAL, WARRENTON BANNER and MEXICO LEDGER.

"THE LEDGER said, 'Nevada is a live, red-hot, growing little city. It is far above the average in enterprise and patriotism. It is a city inhabited by people who would appreciate a public institution as it should be. (Nevada) is properly located, has fine railroad facilities and is inhabited by the right kind of people.'

"The excitement about the prospect of locating an institution in southwest Missouri was not limited to the towns involved, but was also the object of 'the liveliest skirmish thus far witnessed in the (state) House (of Representatives).'

"On February 16, 1885, THE DAILY MAIL hosted a meeting in its offices. The session was reported to be an enthusiastic meeting, 'of those who are working to secure the location of the institution here to confer with each other and determine upon a line of action.'

"'The fact is,' THE MAIL reported, 'our people want the asylum located here and they are all willing to roll up their sleeves and work for it.'

"During that meeting, a committee was appointed to go to Jefferson City to promote the location of the institution here.

"Springfield was also being strongly promoted as the location for the planned institution. In THE MAIL of February 17, 1885, a proponent of Springfield told a MAIL reporter, 'We have talked that matter (the strongest opposition to Springfield) over among ourselves and it did not require many arguments to convince us that your city would be a formidable competitor.'

LAND ACQUIRED

"By late February, 1885, the city had, through donations, secured a tract of land to offer the state for the location of the new asylum.

"The building site which Nevada is ready to present to the state is of a lovely and commanding nature,' THE MAIL reported on February 26. 'In fact, one might hunt the southwest over and over and no commission could select a more eligible spot containing a section of excellent and highly fertile land.

"Then again, Nevada is the railroad center of southwest Missouri and promises to become still more so in the near future.'

"Just two days later, THE MAIL ran a headline saying, 'Our Railroad and the Asylum; the former a certainty, the latter a strong possibility.' Plans had been finalized for the construction of a rail line between Minden, in Barton County, and Nevada. Work was still going in earnest to secure the state's new asylum for Nevada."

THE DAILY MAIL took issue with Springfield's continuing claim it would be the obvious choice as a site for the institution.

"On March 17, 1885, THE MAIL reported, 'After a close examination of the asylum bill (in the state legislature), we fail to find any provision for the location of the institution at Springfield. It is not stated that Nevada, Clinton and Carthage are to be allowed only the empty honour of a courteous but unmeaning visit by the (site selection) commission.

"For unmitigated greed, unqualified selfishness, brazen audacity and the perfection of egotism, Springfield and her friends stand without rivals.'

ASYLUM BILL

"The asylum bill, authorizing the establishment of such an institution in southwest Missouri, was passed by the legislature that same day, March 17, and in the March 18 edition, THE DAILY MAIL noted the occasion.

"Now Nevada must go earnestly to work and prepare to offer to the commission a list of inducements which will without doubt secure the location. We have everything in our favor and if we lose it will be the result of lethargy!"

"The desire for the location of the state asylum here was larger than a desire to simply influence the local economy.

"The location of the new asylum will have something to do with deciding the fight for supremacy in the southwest (part of the state)."

"The newspaper took advantage of the impending visit of the site selection commission to do a little campaigning for improvements in what was then the main street of Nevada.

"They (commission members) will receive good treatment in southwest Missouri,' THE MAIL of March 20 says, 'and in the end they will select Nevada as the place for the lunatic asylum.

"There is only one objection. The committee will find hard work to get from the depot to the Hotel Mitchell. If Cherry Street was graveled, we know that Nevada would get the asylum. The first experience in passing up that street from the depot is not favorable.'

BOARD OF TRADE

"In April, 1885, local citizens established the Nevada Board of Trade, not only to seek the location of the asylum here, but to generally promote the community to investors and businessmen.

"We want the new insane asylum located at Nevada and in securing it a board of trade will be of great service. We must have prompt and united action and it can be obtained in no other way so well as through the board of trade.'

"During the following few months, there were several mentions of the commission's work in locating a site for the new asylum. And, there were continuing attacks against the integrity of Springfield's promoters. Articles reprinted from the SPRINGFIELD HERALD indicated a similar feeling there toward Nevada's desire to be home for the asylum.

"On July 18, 1885, THE DAILY MAIL reported receipt of a telegram, 'stating that the asylum commissioners would arrive here from the south at 2 o'clock. A committee of our citizens went to the depot with



Entrance hall of Center Building before 1898. Shows large clock at left and marble plaque with "Insane Asylum #3" inscribed on it.

carriages to meet them, and a few minutes after 2 o'clock they came in on a freight.'

THE VISIT

"On their several day tour of Nevada, the commissioners visited the Marmaton River, 'from where our supply of water is to be taken'.

"In the days that followed, the commission re-visited Nevada.

"After the departure of the asylum commission, the Vernon County Court was convinced to donate \$3,000 to the asylum subscription fund, to help assure Nevada being selected as its home.

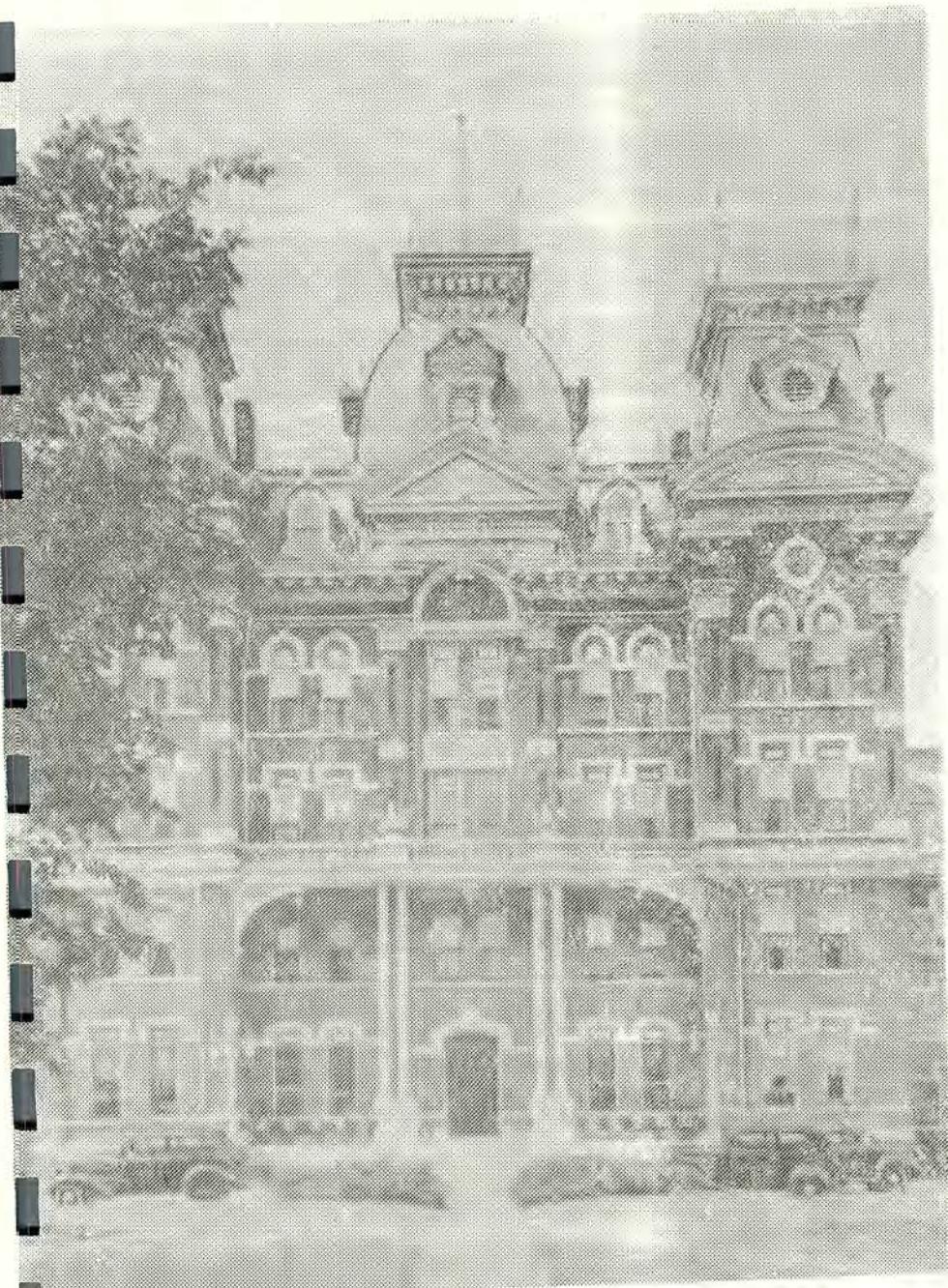
"On August 26, a front page story proclaimed the commission had made its decision, but reserved announcement until official notification of the governor, 'probably within a week'.

"The files of THE DAILY MAIL skip from August 31 to September 7, 1885 — a period during which Nevada was announced as the chosen site of the state's lunatic asylum number three."

In addition to this kind of press support, a regular canvass was conducted, public meetings were held and considerable sums subscribed even by farmers living at a distance from Nevada. At last an amount aggregating about \$30,000 in money and lands was secured. Of this amount Jay Gould alone, through the representatives of his railroads, subscribed \$5,000. This money was given to the commissioners contingent upon the location of the institution at Nevada, and all of the many advantages possessed by the town and county were fully documented.

For what happened next we rely in this case again on a section from Brown's 1887 History of Vernon County:

"On the 31st of August, 1885, the commissioners awarded the location to Nevada, and their action was promptly approved by Gov. Marmaduke. There was great rejoicing and many mutual congratulations among the citizens when the news was received. In the exuberance of their joy, many of them were



Close-up view of Center Building showing detail of
Victorian Architecture, circa 1935.

inclined to overestimate the advantages likely to accrue from the building of the Asylum so near them. Nevada's 'boom' was accelerated, and all went merrily and well."

The site chosen for the location of the facility was on land located one-half mile north of what was then the city limit of Nevada. This land was purchased from the following land owners: George Godfrey, George W. Parrish, Lutetia Profett, Susan L. Moberly, and Ward Wight. The total acreage was 520 acres. The average cost of purchasing the land in 1885 was \$60.00 per acre.

The first appropriation from the General Assembly toward the building project was the sum of \$200,000.

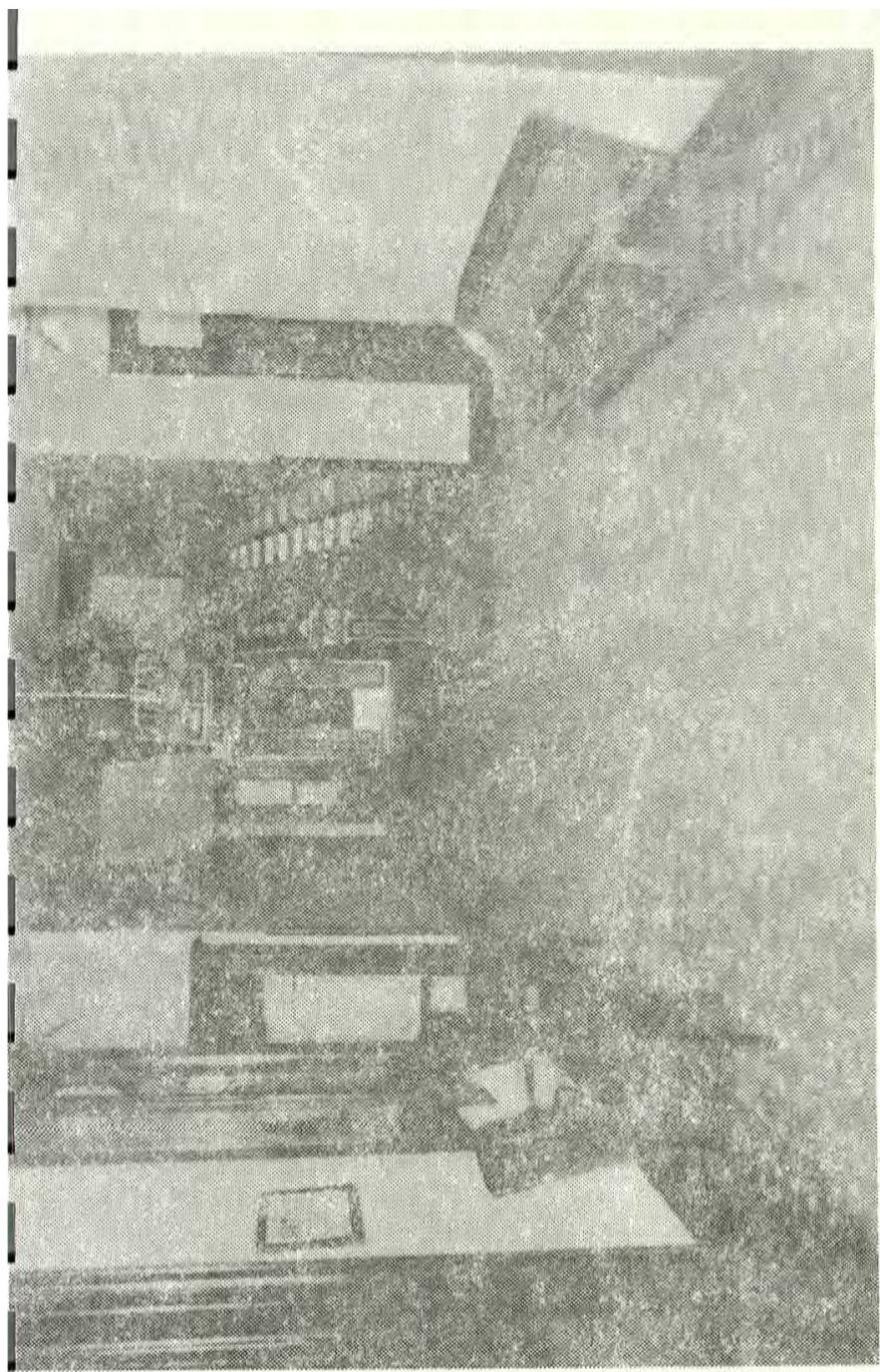
CONSTRUCTION OF THE ORIGINAL BUILDING COMPLEX

By the time the building plans for the institution were completed in fall of 1885, the building season had so far advanced that only minor contracts were issued. These were for delivery of brick from Daly & Hartley and a supply of stone from Martin Anderson during the winter of 1885-86.

After considerable competition and examination of architectural designs, the building plans drawn by M. Fred Bell, an architect of noted skill and ability, were selected and readily approved. They were of a Kirkbride type building, which incorporated all the essential features of the best asylums of that time, with many original and practical improvements added.

According to Brown's 1887 History of Vernon County, the construction plans progressed as follows:

"After timely notice had been given, and extensive advertisement made, the contract for the general construction of the Asylum buildings was let in February, 1886, to Mr. Theodore Lacaff, a well-known and experienced contractor and builder of Fulton, Mo., for the sum of \$165,500. This contract is for the entire completion of the work, as covered by the plans and specifications, exclusive of steam heating,



Entrance hall of Center Building after 1903. Wall plaque now inscribed with "State Hospital #3".

grading, and sewerage. The main contract includes all branches of artisan work -- the brick, stone, carpenter's, and all iron work, the slating, tinning, tiling, glazing, painting, and plastering....

"In March ground was broken. A large force of men was set to work, but soon after the great railroad strike forced a suspension of operations for about thirty days. When the embargo was raised work was resumed, and pushed as rapidly as possible, consistent with a rigid execution of the contract. The foundation was excavated and the building rests upon the solid rock formation underlying the general surface of the country about Nevada....

"In the fall of 1886 the building began to rise from the surface, and by the 1st of January, 1887, the walls of the central or main building and the east wing were complete, and the great structure is now the most notable object in the county, visible for miles on every side. It seems destined to become not only the pride of Nevada and Vernon County, but a most noble monument of the enterprise of the State and of its generosity towards and its cherishing care for certain of its afflicted people."

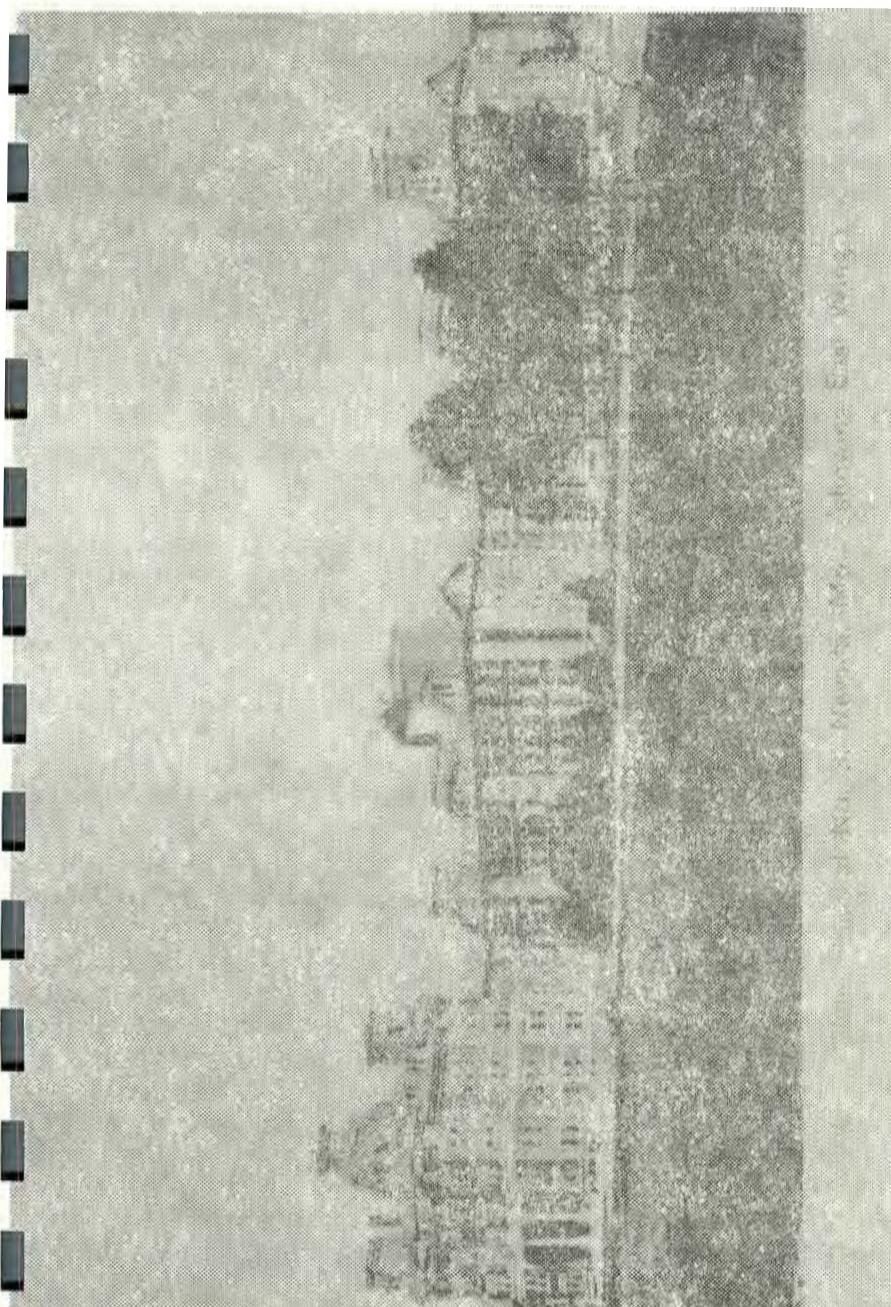
On October 17, 1887, the first patient was admitted to "Lunatic Asylum #3" and this institution was in service.

It was not until the year 1903 that the name "State Hospital #3" was adopted to replace the earlier label. Even then the general public persisted for years to call the facility "Insane Asylum #3", or "Nevada Asylum for the Insane".

The General Assembly of 1889 appropriated \$149,000, and subsequent legislatures added \$215,375 for a total (including the initial appropriation of \$200,000) of \$564,375. This money was used to complete the construction of all the original parts of the building. With other appropriations that came from time-to-time, the investment at the institution soon amounted to over a million dollars.

It can be said that in its early days this was an impressive building. The foundation line was almost

View of Center Building with East blocks (A, B & C), circa 1915.



a mile long. And for a time this facility was the largest public building under one continuous roof in the State of Missouri, if not the nation.

The four story structure of the center building with its victorian gabled roofs and towers and the decorative facade, represented a particularly imposing edifice. And it was indeed the highest structure in Vernon County for a time. Cottey College's tower was not yet added, and the new County Courthouse was not finished until 1907.

One other aspect that distinguished the building of this facility would be that a tunnel runs under the entire building. In later years it was extended to other buildings as they were added, until now the system is over a mile long.

The inclusion of a rather large lawn in front of the main building has always enhanced the facility.

It had, for many years, beautifully manicured flower beds with walks between them. As the planted trees grew to maturity, they replaced the flower beds and the grounds turned into a park.

One of the first superintendents of the institution had the foresight to import a good number of cypress trees from Louisiana and plant them in the south-east corner of the park over a subterranean river. They thrived so well that they still represent quite a magnificent grove.

Just one quarter mile west of the facility another park was developed and named Marmaduke Park in honor of the governor who approved the location of this institution here in Nevada. For many years a beautifully decorated gate stood at the entrance to the park, at what now is the intersection of Edwards and West Streets.

For many years the entrance to the institution at Ash and Highland had an ornate gate. It consisted of two crossed arches supported by wooden pillars. On the apex of the arches was perched a large golden eagle that had been handcrafted by a tinner named W. C. Barton and a client who had designed it. In 1914 a storm blew the eagle down. When time and



Camus State Hospital & I, Looking Towards Nevada.

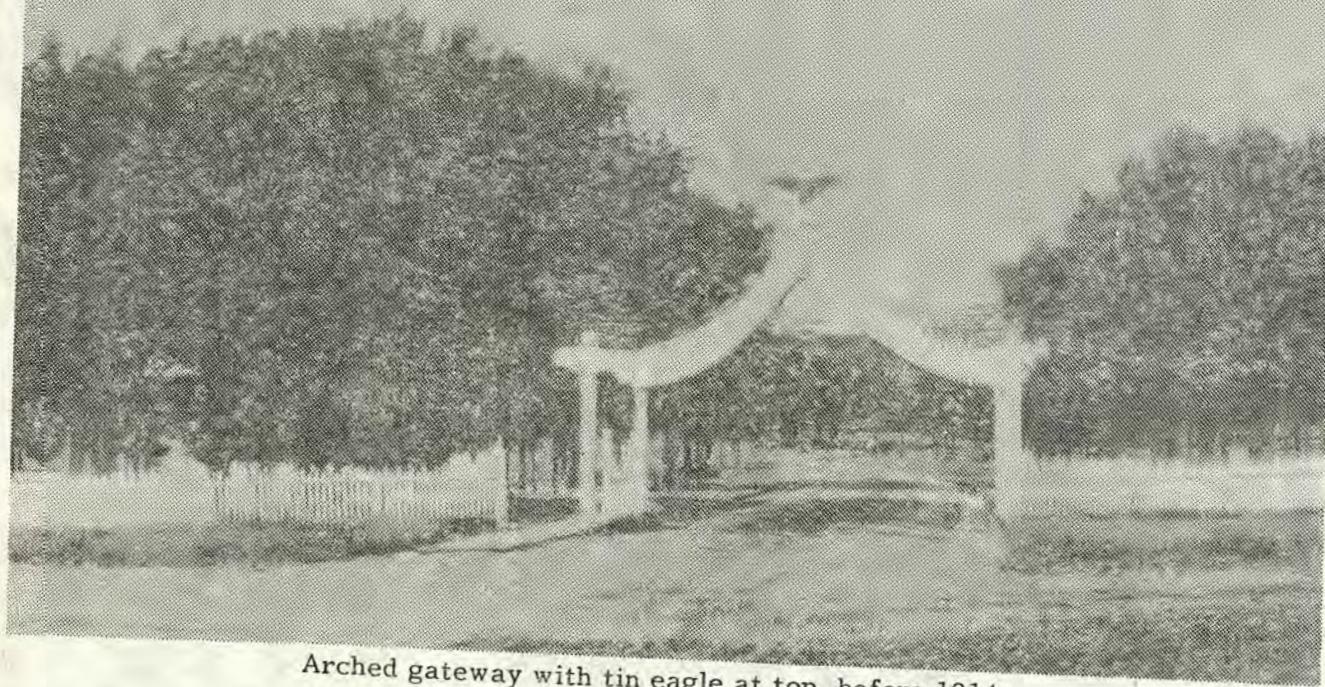
View south from Center Building entrance showing ornate flower beds and shrubs
but no Nevada skyline as yet, circa 1915.

weather had turned the arches into a potential safety hazard the gate was dismantled sometime between 1938-40.

During the first two years, from 1887-88, 281 patients were admitted to the institution for treatment. The staff consisted of the superintendent, R. E. Young, M.D., two physicians, a stenographer (John Worth), and approximately twenty-five other employees.

Entrance to State Asylum No. 3, Nevada, Mo.

19



Arched gateway with tin eagle at top, before 1914.

CHAPTER II

CARE AND TREATMENT

Just like all the other State Eleemosynary Institutions, Nevada State Hospital was created for one purpose and one purpose only. And that was for the care and treatment of the mentally handicapped citizens of the State. For 100 years now it has succeeded in providing this service with as much dignity and humanity as economics, attitudes and changing times would permit.

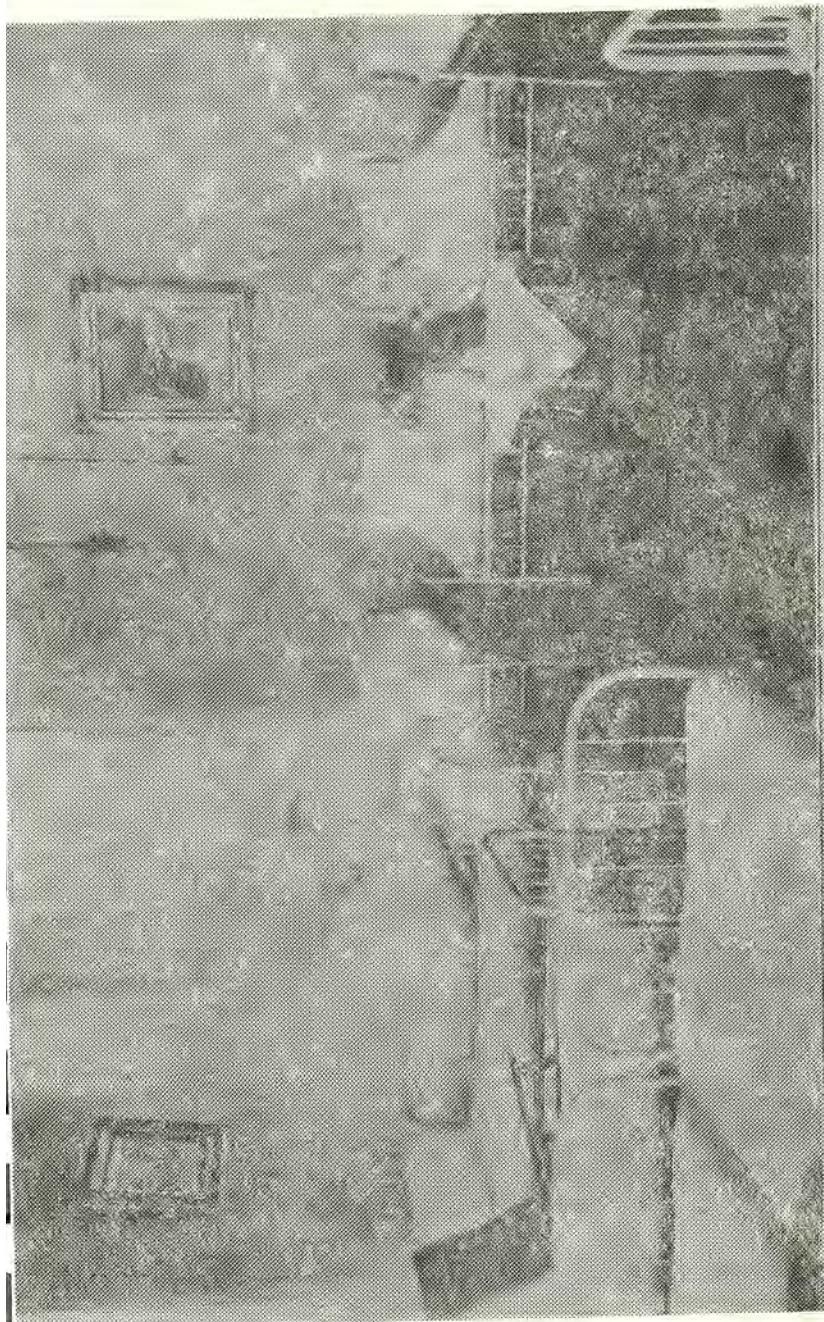
While the institution had initially been planned for a maximum capacity of 800 clients, that number was surpassed in 1900-1901 by 64, and overcrowding would remain a problem in spite of the several additional buildings that were built over the years. The peak of the client population was reached in 1950, when there were 2,185 persons confined in the institution.

It has only been since the implementation of strict federal guidelines in the late 1970's, stipulating that a single living space had to consist of 80 square feet and a multi-living space of 60 square feet, that overcrowding has stopped.

During the early years not many forms of treatment were available to the mental health field. Consequently most of the care then was custodial. Those methods that were applied as treatment must be viewed by present-day standards as primitive, and do little more than illustrate the incredible ignorance and even superstition once associated with mental illness.

The written accounts of some superintendents of that time clearly show the frustration they felt over not being able to do more for their afflicted clients. In their desire to improve conditions and limit mental illness, their views were at times controversial and at other times contradictory, as exemplified by this excerpt from a report to the Board of Managers submitted by Superintendent G. Wilse Robinson, M.D., in 1908, entitled "Treatment of Patients".

Dormitory for Women Patients



TREATMENT OF PATIENTS

"While this Hospital is very deficient in proper equipment for the most successful treatment of the patients, we have in a measure succeeded in keeping it abreast of the most modern ideas along this line. In the treatment of insanity we must begin with the ancestors. In at least ninety per cent of all cases of insanity, there is inherited an unstable nervous organization which predisposes to the disease. To protect society against being poisoned by the irresponsible offsprings of ill advised marriages, who will, in many instances, become public charges, either in an insane Hospital or penitentiary, the State must exercise a supervision over marriages. It is a crime against society and unborn generations for epileptics, chronic alcoholics, those with a strong predisposition to criminality, the tuberculous, the insane, and any and all who have marked symptoms of interrupted or perverted development as evidenced by stigmata of degeneration, to be permitted to marry. All habitual drunkards and confirmed criminals are insane, and no one should favor the marriage of the insane.

"Alcoholism and criminality in the parent means in many instances idiocy, imbecility, epilepsy, insanity, more alcoholism and criminality in the offspring, and their marriage should be regulated and in most instances prevented by legislative enactment. I believe a publicity and educational bureau should be established and maintained by the state for the purpose of educating the public on the causes and prevention of insanity. In this manner I believe at least fifty per cent of insanity could be prevented, and by a better education of the public along these lines the work of our Hospitals could be made much more effective. The friends of the acutely insane are often prejudiced through ignorance against the insane Hospitals. They keep the patient at home until his chances of recovery are very much lessened.

"The education of the parents and public school teachers on the cause and prevention of insanity



A. MARIE WATKINS

would decrease the number of defective children who are educated into a hopeless condition of insanity, and add many useful citizens to society. At present many children with unstable and defective nervous systems are driven through school into the insane Hospitals by ignorant teachers and more foolish parents. Both parents and teachers should be taught that over-drafts on the nervous system of the child, as well as the adult, must in the end be paid by nervous bankruptcy. The public should be educated into the knowledge that the insane are sick people and need Hospital treatment. They should also be taught that the insane Hospitals are really Hospitals for the treatment of sick people, and not lunatic asylums for the incarceration of loonies. Many of those who recognize and admit that the acutely insane can be benefitted in insane Hospitals, insist that the only function such a Hospital can have in the care of the chronic insane is custodial. I insist that the chronic insane that fill our Hospitals can be much benefitted by proper treatment; many of them can be restored and made useful, producing members of society. By treatment I do not mean drug treatment. Drugs play a very small part in the treatment of insanity. They do some good in acute cases, but water, in the form of hot, continuous and stimulating baths, proper food and good nursing, do much more good than drugs. If every Hospital was equipped with a complete hydro-therapeutic apparatus, a sufficient number of trained nurses, and with enough money with which to buy proper food, the results in the treatment of the acutely insane would be much more satisfactory. Under the present methods of treatment, many of our acute cases recover and are sent home, but a considerable number are left in the Hospitals as chronics. These patients, as stated above, have a sick and perhaps permanently injured brain as a result of their sickness. All of the faculties of the mind are more or less impaired and perverted. An acute attack of insanity leaves many patients with the apparent mental development of children from two to ten years of age. Our

duty to the child is to give him an opportunity to develop by educating him along various lines.

"The insane patient must be re-educated and re-developed. We develop and train the child by stimulating his perceptions with that which will interest him. In this manner we get his attention, and by a variety of means all the faculties of the undeveloped mind are developed. I do not mean to say that all the insane can, by education, be re-developed to the pre-insane state, but I do say that many of them can be developed beyond this state, many others to this state, and with a few exceptions, they can all be developed out of the state of hopelessness into which the treatment accorded them in many institutions plunges them.

"We have no right to keep the door of opportunity at which so many of them are knocking, closed against them. Every insane Hospital should keep constantly employed one or more kindergarten and other patient teachers. They should also have a teacher to train the nurses in ways of entertaining, amusing and occupying patients. A manual training department with competent teachers is essential to the proper treatment of the insane.

"In the kindergarten department the patients who have suffered the greatest amount of mental reduction have the perceptions stimulated, their attention attracted to matters outside themselves, memory and ideation developed, and every faculty of the mind, which has been greatly reduced and perverted by disease, is re-developed. Amusement and entertainment is also very essential. This department should be looked after by some one specially qualified, and the nurses should be instructed in methods of getting the patients interested in games, and the means provided so that all manner of games can be played.

"The manual training and industrial departments offer the greatest opportunity for re-development and industrial re-education of the mentally reduced patient. No money should be spared by the State in the development of these departments in the State

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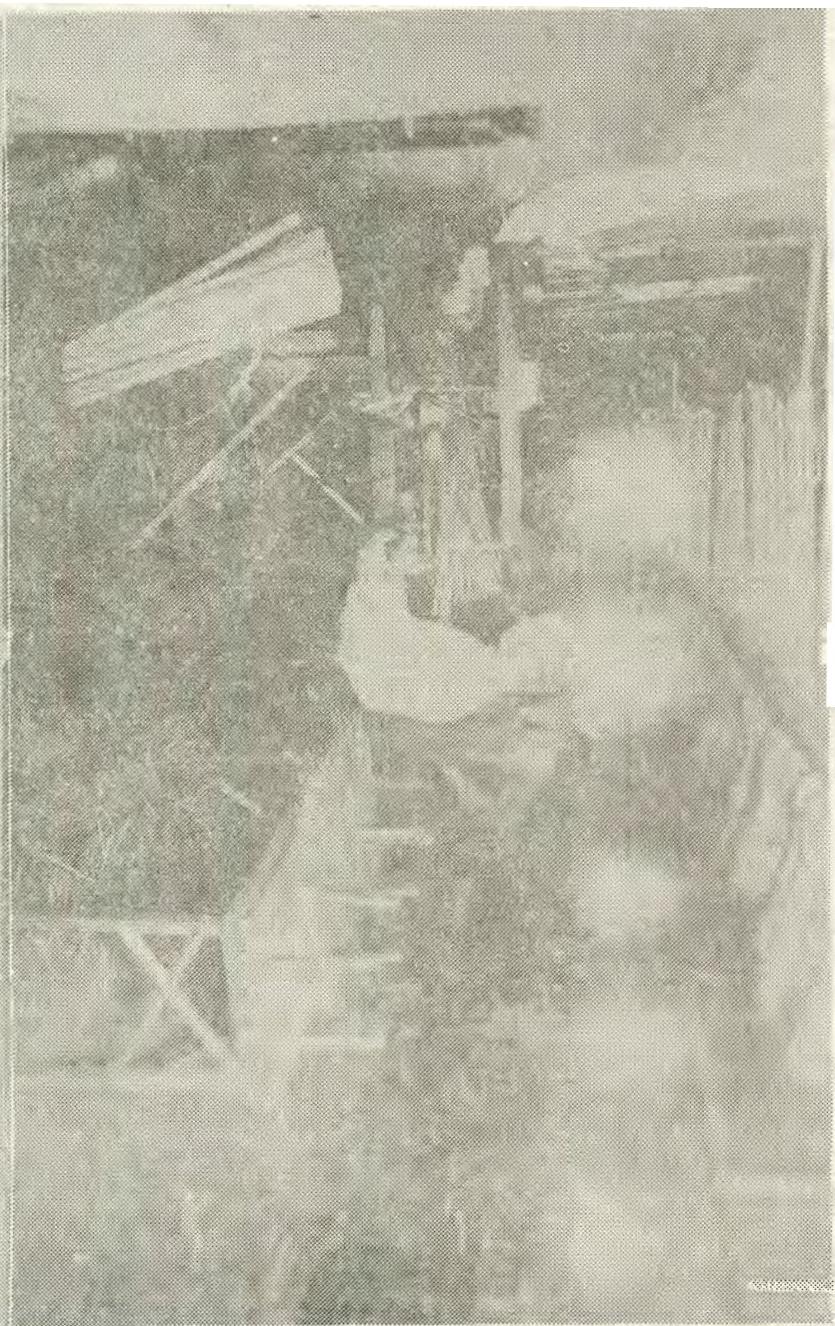


Hospitals. Insanity is dependent upon physical conditions, change in structure or perverted function of the brain. Work improves the physical condition. The patients eat better, sleep longer hours and more soundly. Circulation of all parts of the body is improved. More food material is carried to the brain cells to be used for their reconstruction, and poisons which act deleteriously on the nerve cells and interfere with their function and nutrition are removed more rapidly. Patients breathe more deeply; more oxygen is taken into the blood, to oxidize and destroy the poisonous products of metabolism and disease, and for the oxidizing of food products for the production of nerve and other forms of energy.

"The patients in these departments should be trained in a systematic and scientific manner, and the results will not be disappointing. I have seen changes in apparently hopeless cases, bordering on the miraculous. I have seen patients leave the Hospital after a course of industrial training with bright, intelligent countenance, and quick, elastic step, better equipped to fight the battles of life than they ever were before, after they had sat on the wards for years with dull, heavy, unresponsive countenance, when it seemed that death alone could effect a change in their condition.

"Every patient who is physically able to work and take a course of manual training, should be given the opportunity by the State. Money thus spent will bring back to the State a high rate of interest on the investment. It has been demonstrated that factories in State Hospitals can be made to pay a profit in money, and they will pay many fold in manhood and womanhood restored. At this Hospital we employ many men patients on the farm, in the garden, dairy, kitchen, mechanical department, about the grounds and in building and keeping in repair the roads about the farm. We employ some of our women patients in the housekeeping department, sewing room and laundry, but these departments give employment to a very small per cent of those who should work.

"There has been much said about the abolition of the mechanical restraint in our Hospitals. There



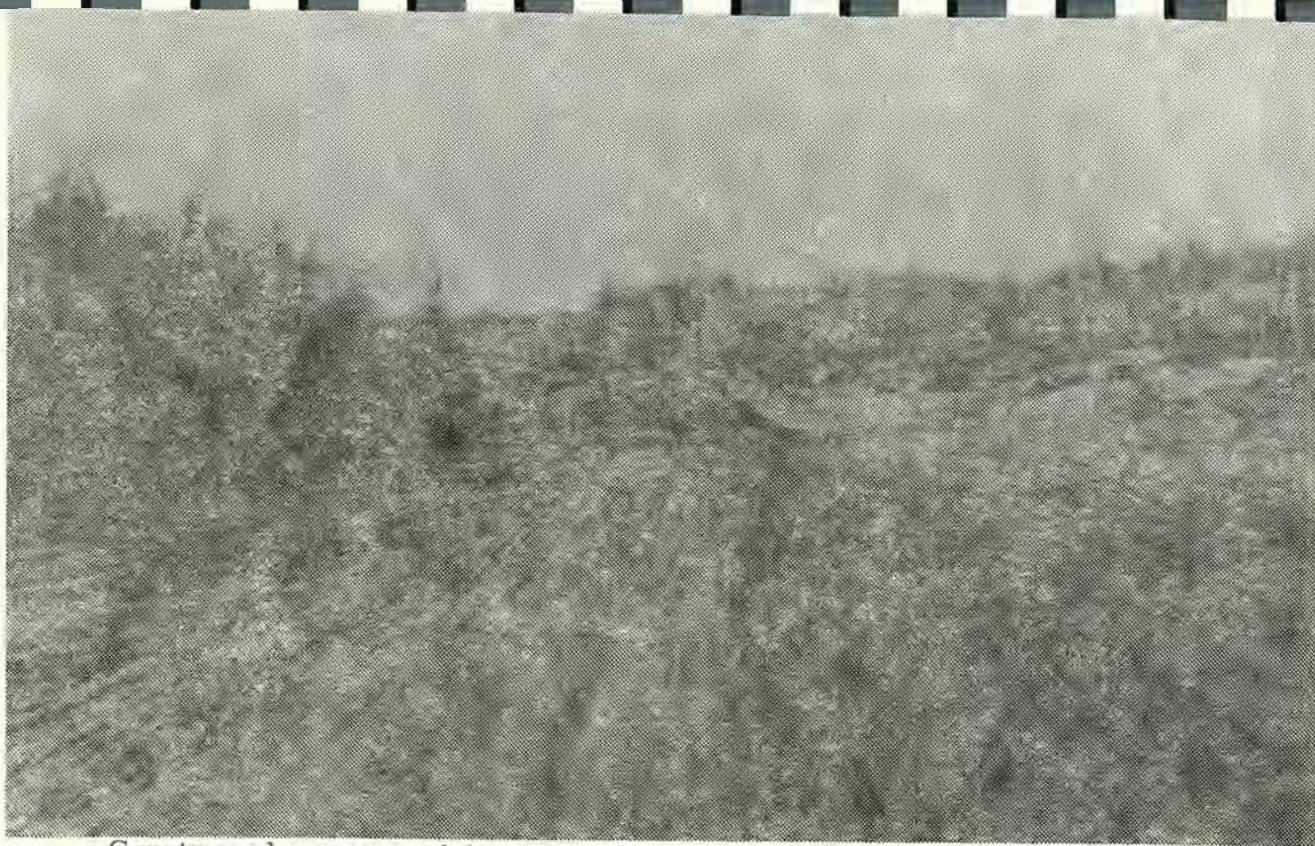
are just two ways by which we can abolish the mechanical restraint. The State must furnish enough money to employ an adequate number of nurses to care for disturbed patients without using mechanical restraints, or employment must be provided so that the surplus energy of the patients can be diverted into useful channels. At this Hospital we have a so-called male and female violent ward. The female violent ward is the most troublesome and noisy ward in the Hospital. There is a never-ending series of fights and confusion. Some one is almost always in restraint. This was formerly true of the male violent ward, but it is now the most quiet ward in the Hospital. There is rarely any confusion or trouble on this ward, and never a patient in restraint. Work has transformed this ward. The patients on our male violent ward do our butchering, build roads, clear ground of timber, do our concrete work, work in the mechanical department, and some of our most efficient and useful workmen are found on this ward. If we had employment for the patients on our female violent ward it would shortly be transformed, as has been the male violent ward.

"The relatives of some patients object to them working, and inform us that they did not send their relatives to the Hospital to work, but sent them here to be treated. When informed that the work is a very important part of the treatment, they usually approve of it."

The convictions expressed by Dr. G. Wilse Robinson here are for the most part totally unacceptable to our present-day society, particularly as far as governmental control of intermarriage is concerned. But it should be noted that the State of California passed a law in 1917 that permitted sterilization of mentally handicapped persons, and other "defective individuals", and that this was done for a time.

Dr. Robinson's ideas on re-educating or remotivating afflicted clients using kindergarten teachers were fairly sound. Those methods were employed and have been refined in present day practice.

His contention that better treatment of clients was synonymous with better training of nurses and



30

County road across creek bottom adjoining hospital farm, graded entirely
by patient labor in fall of 1908.

attendants is also well taken. The establishment of such a school is mentioned in his report also:

NURSES' TRAINING SCHOOL

"Every State Hospital should have a nurses' training school. These schools should be incorporated and empowered to issue certificates of proficiency to their graduates, after taking a specified course of lectures and passing the requisite examinations. We have recently established at this Hospital such a training school for both our male and female nurses. We contemplate giving a two years' course, and all our attendants are required to attend the lectures and recitations."

And indeed such a "two-year school" for nurses and attendants was established in 1912 and would continue in this instance until 1919.

Margaret G. Bowlin, R.N., explains the function and effect of this training course in a retrospective article compiled by her in April 1965. Parts of this are reprinted here:

"...Very little regarding the training of nursing personnel at the hospital appears in the records prior to 1907. G. Wilse Robinson, M.D., Superintendent in 1907-1908 was of the opinion that every State Hospital should have a nurses training school. It was his belief that these schools should be incorporated and empowered to issue certificates of proficiency to the graduates, after taking a specified course of lectures and passing the requisite examinations. During the time that Dr. Robinson was Superintendent of State Hospital #3 such a training school for both male and female attendants was established. The course covered a two year period and all attendants were required to attend the lectures and 'recitations'.

"During the year of 1912 a training school for nurses was established. The 1913-1914 Biennial Report states, 'At the present time the school is in splendid condition and the pupils are doing good work and rendering first class service to the hospital'.

"Mrs. Gertrude W. Moore, R.N., a graduate nurse of Bellevue Hospital, was Superintendent of Nurses and was classified as such when the training school opened. Under her guidance the nurses training school was 'prosperous' according to all reports. Later the school was under the supervision of Mary Bell, R.N., who served as Superintendent of Nurses.

"The course of study covered a period of two and one half years, two years with Hospital #3 and six months with an affiliated general hospital. The course was open to females who could furnish a physician's certificate of good health and proof of a high school education or the equivalent of a high school course.

"In addition to the nurse's training school which graduated nurses at the end of two and one half years, the hospital, under the direction of the Superintendent of Nurses, maintained the training course for hospital attendants. All of the employees who worked with patients on the wards were required to take either the nurse's or the attendant's course. As a result of this, all of those associated with patient care during the period from 1907 to 1919 were either graduates or constantly in training.

"Classes were taught by the Superintendent of Nurses which included Anatomy, Physiology, Hygiene, Causes of Diseases, Nursing of the Insane, and Ethics. The ward physician also taught several classes in the courses including The Nervous System, The Mind in Health and Disease, and the Diseases of the Insane. The Diversional Occupational teacher instructed students in that department in regard to teaching, instructing, and management of patients.

"In addition to the class work the students were graded by the Superintendent of the Hospital on dependability, adaptability, executive ability, and the estimate of practical work.

"It is very probable that some classes were taught in addition to those mentioned. Both oral and written examinations were given to cover all of the courses and not all of the students made good grades. If they were unable to make a satisfactory grade they

were released from their jobs at the end of the training period.

"During 1913 the Kansas City General Hospital with which Hospital #3 was affiliated, sent six students from their graduating class for several months training in the care of mentally ill patients. These nurses attended classes and worked on the wards with the patients.

"In the 1913-1914 Biennial Report is found the following statement, 'By having this training school in connection with our hospital it enables us to obtain a better class of young women and to hold them better after obtaining them. We get young women and girls from good families and those who have an ambition to do and accomplish something in life'.

"The first class of nurses graduated in the spring of 1914. The payroll records show that 23 graduate nurses were employed in 1915-1916 at a salary of \$20.00 to \$40.00 per month and lived at the institution.

"The superintendent of the hospital reported the following in 1916 concerning the training school: 'The training school for nurses and attendants established four years ago has given good results, beyond the expectations, even, of its most ardent supporters. Quite a number of our graduate nurses have passed the state board of examiners and are now registered nurses, several of whom are yet with us in the hospital work. A much better class of help can be obtained by offering an inducement of training and graduation to young women who are ambitious to obtain an education and a profession of real merit and the work and service rendered by the ambitious pupil in training is far superior to the help of those who are just drifting about from place to place or working for a salary only. State Hospital #3 is proud of the record made by its training school, and it has indeed proved its worth, and it has come to stay.'

"The training school for nurses and attendants established at Hospital #3 in 1912, has demonstrated its usefulness both to the institution and the State, and should be maintained. No hospital for the insane

should be conducted without a training school as the results obtained are a direct benefit to all of the patients.'

"The question of the use of restraints engaged the attention of those in charge of the hospital at that time and it was the opinion of the Superintendent of the hospital, Will P. Bradley, M.D., that the training school for nurses and attendants 'aided very materially in this work and this together with the proper support from the physicians in charge, and the necessary number of the right kind of nurses and attendants, will in the course of time enable us to do away with restraints entirely'."

It was believed that mechanical restraints of all kinds could be eliminated in time by training of personnel. Early in the training program all lock beds were removed from the wards and all manner of restraints were practically done away with among the male patients and in the female wards progress was also made. Credit for this change was given to the training school for nurses and attendants that existed at State Hospital #3 during this period.

Later Dr. Bradley reported that all manner of restraints had been removed from the institution. He informed the Board of Managers that the well trained nurses and attendants agreed that the system of non-restraint was much preferred to the old system of restraint, and the splendid effect on the patients could not be overestimated.

From a record entitled "Improvement of Wards" the following is quoted: "It affords the management much pleasure to announce that all bed patients have been removed from ward five, the untidy male ward, and placed on the hospital ward where all bed patients are now kept. The dark, unsanitary room on Ward Five, where so many untidy patients were at one time kept, has been done away with and all patients on this, as well as all other wards, are kept out in the halls, and many of the patients who were considered hopelessly untidy have been taught to be tidy. There is a tendency among the chronically insane to get away in dark rooms and corners and unless watched

closely will gradually become untidy. This tendency has been overcome by keeping all patients out in the open halls while not exercising and the effect on such patients has been to improve their condition very materially. Many of the wards have been freshened and brightened with a lighter colored paint than formerly used, most all benches have been replaced by chairs, carpets, and rugs placed in many wards and pictures and potted plants and flowers used where possible. These changes have made the wards more cheerful and homelike, and the effect is being reflected upon the patients all over the institution.

"...The training school for nurses and attendants remained one of the leading features of State Hospital #3 during 1917-1918, despite the fact that no other institution in the State of Missouri saw fit to follow the example and start a training school. During World War I the Red Cross took a number of the graduate nurses and all of the best hospital workers. The hospital was proud of the fact that several of the graduate nurses 'are doing most excellent work in France and a number of others are stationed in cantonments in this country and all have absolutely made good in whatever department placed.'

"Quote from a report dated December 31, 1918: 'The training school is a valuable acquisition to any hospital, as it is a means of securing a better class of help. It is a good thing for nurses and attendants, as their minds retrain technically as they learn the practical, and it is a good thing for the physicians, as it keeps them brightened up in the work and brings them in close touch with those who are working under them.'

"A request was made for funds in the amount of \$2,400 to continue the operation of a training school for nurses during the years of 1919-1920, however, the funds were not allowed. The funds for the library, diversional occupation and funds for many other patient activities were vetoed.

"The training school for nurses and attendants closed early in 1919. A number of nurses and attendants were in training at the time the school

was closed and they were not permitted to complete their schooling. Approximately 160 attendants completed the two year course and 50 nurses completed the two and one half years training and educational course offered at State Hospital #3 from 1907 to 1919. Many of the nurses who graduated took the Missouri State Board examinations and became registered in the state.

"No other State Hospital in Missouri has ever established a training school for graduating nurses qualified to take the state board examinations and thus become registered nurses. State Hospital #3 has never reopened a nurses training school, however, in-service training and education of nursing personnel is still stressed, perhaps more than ever before..."

Actually a nursing school was again established, but after Dr. Robinson's time.

Dr. Robinson was not only concerned with staff training but was, according to the following excerpt, also one of the first administrators to address the two-shift work schedule:

MORE NURSES NEEDED

"At this Hospital we have a ratio of one nurse to twenty-two patients. To get the best results in the care of our patients we should have about one nurse to ten patients. The work on our wards is at present divided between two sets of attendants, night and day. Our day attendants go on duty at 5:30 a.m. and remain on duty continuously until 7:50 p.m. Our night force goes on duty at 7:50 p.m. and remains on duty until 5:30 a.m. This gives our day attendants fourteen and one-half hours continuous service, and our night attendants nine and one-half hours continuous service. The hours of service of both forces are too many. The work should be divided between three sets of attendants, one force going on duty at 5 a.m., off duty at 1 p.m., another force going on duty at 1 p.m. and off duty at 9 p.m.; the night force going on duty at 9 p.m. and off duty at 5 a.m. In this manner

we can get better service with much less nervous strain for our attendants."

It would, however, be many more years before the 8-hour shift and the 40-hour week was adopted. The credit for that must go to Dr. Paul Barone, Superintendent; Mr. Steve Gibson, Business Manager; and Mr. Gay Barton, Personnel Officer, at the end of fiscal year 1949.

TREATMENT PROGRAMS

In the absence of modern medication, methods of treatment in those early years were indeed limited. We have already mentioned Dr. G. Wilse Robinson's opinion of the benefit of manual labor as an effective form of therapy. Since the institution had been set up for "general farming" as one of the primary industries, clients, or "patients" as they were called then, were systematically incorporated into the various work areas for which they showed the greatest aptitude or for which they were physically fit.

The logic of this is illustrated in Dr. Robinson's statement: "...Common belief in the helplessness of the insane is radically wrong. More efficient or more willing workers we have never seen than many of those now busy in the fields and shops of this Hospital. Proper classification and direction of this energy, instead of its haphazard use, will revolutionize the already antiquated method of care..."

Margaret Bowlin goes on to explain that as a result: "...Seventy six percent of the patients were engaged in some kind of employment on the hospital grounds and an effort was being made to raise the percentage to ninety percent. In addition to the work on the wards the male patients were employed on the yard, farm, gardens, at the barns, laundry, ice plant, creamery, laundry and engine room. Female patients worked in the dining rooms, the laundry, and in the sewing room."

An "Industrial Department" was also established. "The Industrial Department kept many other patients

occupied. Male patients here were taught to make mattresses, brooms, brushes, and to mend harness, shoes, etc. Female patients were taught to sew, weave carpets and rugs, make quilts, darn and mend..."

What eventually would be called "Occupational Therapy", seems to have had its origin in the "Diversional Occupation Department". She goes on to say: "...The Diversional Occupation Department was presided over by a trained teacher, Miss Emma Howard, who instructed from 20 to 50 female patients each day in fancy work, basket making, rug making, etc. Diversional Occupational work was 'taken up' with the male patients and quite a number that were unable to work elsewhere were taught basket weaving. It is stated that this phase of the work with male patients proved successful.

"The nurses training course included class work and demonstrations in Diversional Occupation by a trained and skilled teacher who supervised the Diversional Occupational Department. The nurses from Kansas City General Hospital who affiliated also attended these classes and spent a part of their six months in this department learning how to teach, instruct, and entertain the patients. Most of this work was done with female patients because suitable room was not available for male patients."

Dr. Robinson prided himself on the percentages of "restorations", but the logic of his example is somewhat elusive:

"Our percentage of restorations was 15 5-7 per cent of the number treated, and 41 47-133 per cent of the number received, which we regard as very satisfactory. Of course some good men will take issue with us on the proposition of discharging some patients as restored because, perchance, they must later be returned to the Hospital, with another and similar attack of insanity. Many physicians regard insanity as being so different from other forms of illness that they consider a patient once insane as being always insane.

"If a patient having an attack of pneumonia or typhoid fever is restored to his former state of health

he is regarded as well, even though he may have several successive attacks later in life. I believe we have just as much right to say that the insane patient who is restored to his former condition after an attack of insanity, is restored, even though he may have other attacks later in life."

It must be said in Dr. Robinson's defense that while he was influenced by his times, he was a "mover and a shaker" by our terms. He was a prominent physician in Kansas City before he came to Nevada. His son would establish the neurological hospital in Kansas City that still bears his name. After his administration here Dr. Robinson served with distinction in France during World War I.

By 1913 many of his ideas had been incorporated with good results, and by 1915 most of the manual restraints had disappeared.

Many amusements were provided for the patients. There was a Friday evening dance and Tuesday evening picture show given for the benefit of the patients, and in addition to these, teas, picnics, fishing parties, nutting parties, street fair, and other amusements were provided for those patients in condition to appreciate such things. More than one-half of the patients attended the Vernon County Fair each year and got a great deal of pleasure in doing so. Turkey dinners were had each Thanksgiving Day and goose dinners each Christmas. The Christmas holidays were made as pleasant and home-like as possible, with trees, Santa Claus and the usual Christmas treat of candy and fruits. Superintendent Bradley's report submitted to the Board of Managers in 1913 stated, "With more liberal appropriations for amusements, much improvement could be made along these lines and the benefits would be greatly increased." Many of the wards had gramophones which furnished music.

The institution had a small library of about 300 books for the patients and the books were read over and over again by some of them. A number of daily and weekly papers were provided and more than thirty monthly magazines were supplied for patient use.

As early as 1908 the following paragraph is included in the report:

"As a means of entertaining our patients we have been using for more than a year a moving picture machine. We can give weekly entertainments with this to five or six hundred of our patients, at a very small cost. This has done much to break the monotony of Hospital life for the patients, and I believe has played no small part in helping to restore quite a few."

Movies have, of course, remained as a great source of entertainment for clients to the present day. But the old "moving picture machine" has long been replaced with a highly sophisticated 16 mm. projector, with a xenon lamp instead of carbon arc sticks for its projection light source.

An orchestra composed of employees was already performing for the entertainment of clients in 1898, and continued to do so for a long time. L. G. Barton (father of Gay Barton) and W. C. Barton (builder of the golden eagle) were members of this original orchestra. In more recent times under Dr. Paul Barone's administration, the orchestra also included clients, and performed each Saturday morning on Radio KNEM, under his direction.

Much of the entertainment was and is still presented by volunteer individuals and organizations from the Nevada community. This would include Cottey College, various churches, ladies clubs, especially the American Red Cross Gray Ladies, and more recently, the Community Council on the Performing Arts.

As the years progressed new developments toward the care and treatment of the mentally ill did occur and were adopted. One of these was the emergence of the "Social Workers" and "Psychiatrists" as clinical investigators and "Psychotherapy" as a therapeutic tool.

The importance of these are pointed out in a Biennial Report, written by Dr. Orr Mullinax, M.D., Superintendent, in 1938. In the very first paragraphs quoted here are thoughts expressed that illustrate a very progressive attitude. It could be said that

in many instances it foreshadows elements of present-day philosophy, if not actually a basis for present-day laws relating to clients' rights. Here then is what Dr. Mullinax had to say, in part:

"...No longer do mental hospitals follow the old methods of diagnosing most mental cases as hopeless. Today the outlook for a mentally sick person is decidedly brighter. The present trend is toward a more sympathetic understanding of the patient; and within reasonable limits, the shorter the term of hospital life, the better are the chances for a rational readjustment of certain classes of psychotics to community life. The function of a mental hospital is to cure disease, and to restore the patient as rapidly as possible to economic and social adequacy.

"Each patient is considered as an individual case. Upon being admitted to the Hospital, he is placed on the receiving ward. A staff doctor, assigned to that particular case, gives him a thorough physical examination, which is followed in the next few days by a complete dental examination, and whatever laboratory work is indicated, in addition to the routine urine and blood examinations. A detailed social history is obtained on each patient as soon after his admission as possible.

"When a patient becomes mentally ill, he still has his rights and he needs help to insure that he gets them. His hospitalization is a right for his protection and that of others. When we force a man to give up his liberty and incarcerate him where he has no power of control, we give him protection but we also take from him his most precious possession, his liberty. Even if this is for his own good, it is not pleasant and he must have insurance that when he comes in, he will get the care he needs and that when he is ready to leave, that he will have some place to which he can go. We remove him from society and the return is easier said than done. It is not simple for him to go back into the community and bring his independent life back about him.

"It is in connection with his care in the hospital and his parole, when he is improved or well, that

the social work department functions. There are five functions where a social work department should serve. The first four of these were verbalized by Miss McCreery of the Iowa state hospitals and are recognized by psychiatrists and social workers.

"The first of these is in the field of obtaining information which the physicians need for psychiatric diagnosis and treatment. The patient's story is not sufficient. His very story may be a symptom of his illness. His story must be proved or disproved if the physician is able to help him. One patient told a plausible story of unkind treatment by his family and neighbors. It was learned through a careful community investigation that the man was dangerous and that his relatives and neighbors had suffered much at his hands. His treatment depended upon a proper history and it was not possible to obtain this by correspondence.

"The second function is that of studying the social environment and when it is related to the illness to attempt to improve the situation before the patient returns home. Certain behavior characteristics are manifestations of mental illness but relatives and friends not recognizing them as such, may force the patient into deeper mazes of mental illness. Here, the social worker can function in interpreting the illness and its symptoms to those in the environment as they are seen by the psychiatrist. It is often possible for the environment to be changed so that it is not the same one from which the patient came. Changing or removing unfortunate factors is necessary if the patients return home and remain well.

"A third function is that of studying the home situation when the patient is ready for parole, assisting with discharge plans and of giving such supervision as is necessary after parole. Patients can be returned to the community more quickly and save expense of further hospitalization if there is a social worker to stand by to help work out problems, to interpret and to help make plans which will contribute to a better adjustment. One patient had been in the hospital ten years and had been ready for parole for five years.

This time it seemed as if a cure were the order of the day. During the first five years, relatives had deserted, thinking the patient incurably ill. Through the social work department, a parole was arranged, the cooperation of a social agency obtained, and the patient is working and independent and happy. Five years ago, had it been possible to have arranged this parole, this patient could have started her self-maintenance and the state could have been saved much expense.

"The fourth function is equally important. Community responsibility cannot be shifted in the care for paroled and discharged patients. Community agencies know their communities and their facilities. Through working with them, the social work department of the hospital can more than multiply its services.

"The fifth function is perhaps the most important. The hospital should be interpreted to the state at large so that it serves those who are mentally ill and so that it can cease to be the dumping ground for everyone whose care someone wants to shift. As the social worker goes into communities and meets various citizens, she can be an ambassador of good will, a teacher of facts about mental illness and its treatment and cure, and an exponent of mental health teaching. This influx of patients into the state hospital must be stemmed so that the problem does not become an insurmountable one financially, as it is rapidly becoming.

"The day is here when our citizens are recognizing that mental illness can be prevented frequently through treatment and understanding of children with behavior and emotional disorders and of incipient cases of mental illness. If our state hospitals come to the front with a program as have those in some other states the social work department will serve as the liaison between the community and the staff of the hospital. It has not been possible nor feasible for an out-patient department to function without the aid of social workers.

"According to statistics compiled, social work departments pay for themselves in money saved by

early parole, supervision of paroles through which further mental illness is often prevented, in obtaining adequate social histories which aid in diagnosis and treatment, in the working with children and incipient cases to prevent future breakdowns and in aiding the cause of education for mental health through which the citizens of the state can function happily and efficiently.

"Later a mental examination is made, from which, in conjunction with the physician's observations, the physical and laboratory findings, and the social history, a fairly comprehensive picture of the patient's condition is obtained. The patient is then presented to the staff, when the diagnosis is made and recommendations for whatever treatment seems necessary. After the examinations are completed and the diagnosis have been made, every effort is made to carry out these recommendations and in no case is a patient merely relegated to a ward and forgotten.

"Full notations are kept as to the patient's adjustment to his new environment. This record includes such points as the state of the patient's appetite, the amount of sleep taken, his general attitude, etc...

"...Occupational and recreational therapy has proved a great aid in the restoration of patients to health. This form of treatment is encouraged at all times. During the summer months an effort is made to increase interests in out-of-door recreation, particularly among the more custodial type of patients. During the winter months a picture show and a dance once a week, furnish entertainment for a large number of the patients.

"The patients' library has also added much to the welfare and contentment of a great number of the patients.

"Religious services are held each Sunday in the chapel, both Catholic and Protestant.

"The ultimate aim of our hospital is to return the patient to his home and to society as soon as possible. It is our belief that the number of patients who are returned to their homes and who are making

a satisfactory adjustment, marks the measure of our success as a hospital for the care of the mentally ill...."

As was said before, change in treatment of the mentally ill was at times slow in coming, but when it did come it affected every facet of mental health service. A major breakthrough of this type occurred in the early 1950s (1954-55) with the development and use of modern tranquilizers. The first two of these were Thorazine and Compazine.

Dr. Paul Barone, Superintendent during that time, reports that with the help of the tranquilizers many noisy, screaming, combative clients were changed almost overnight to quiet, orderly people.

These new tranquilizers not only did away with remaining mechanical restraints, but also made the clients more amenable for group and individual psychotherapy. Before long more and more individuals could be discharged or treated as out-patients.

Eventually Mellaril, Loxitane and Haladol were also put into use. Where sedatives like Phenobarbital and Amitol had been used earlier, these new drugs are much more effective in the treatment of schizophrenia and manic depression. It must be remembered that even Penicillin did not come into regular use until 1939-40.

The following is taken from an institutional brochure compiled in 1952 in which Gerald G. (Bud) Prideaux, Clinical Psychologist at that time, describes some of the specific treatment methods that had been used and some that were still in use.

It is interesting to note that even at that time these "methods of treatment" were considered "relatively new" as stated in the first paragraph here:

TREATMENT FACILITIES AND METHODS

"The present appreciation of the nature of mental illness has been accompanied by a new approach to the methods of its treatment. When the mentally ill were thought to be incurable, the favorite therapy was a roof, a bed and three meals a day. We now

know that these persons may be directly aided with specific treatments. The development of the present methods of treatment is relatively new; it has been just within the past twenty years that the treatments now in use were developed and adopted by the Psychiatric profession. None of the treatments discussed below can be considered a panacea or sure cure for all types of mental illness. The word 'cure' is seldom heard in a Psychiatric Hospital or Clinic. Certain of the treatments are known to be an aid to certain of the Psychiatric types but the complete cure of a mental illness is more of a long term, individual process that is neither sure nor definite. The various types of treatment beneficial to Psychotic patients will be very briefly discussed to acquaint the reader with the basic theory of the treatment and its uses in this Hospital....

"Electric shock therapy - Electric shock therapy is at the present time the most widely used form of treatment for mentally ill patients. This comparatively new tool has to a large extent replaced other forms of treatment. In the treatment a carefully regulated electric current is passed instantaneously through the brain, causing a reaction. After the treatment most cases seem noticeably clearer in their thinking and less troubled by delusions and depression. A partial, temporary memory failure is affected particularly in those thoughts and actions which are abnormal and detrimental. While this memory failure is in effect, emotional re-education can take place with the result that the individual may be better able to accept the world and himself without being subjected to the delusions, fears or hysterical reactions present previous to treatment.

"In this Hospital, Electric Shock Therapy is administered on a twice weekly basis or more or less frequently as the individual patient's condition warrants."

By the late 1960s, Electric Shock Therapy had practically been eliminated. When it was used, it was only with the client's or guardian's expressed permission. Presently this facility has no instrument to administer shock treatment. Based on a recent

Supreme Court decision, Electro Shock Treatment may be administered if recommended by a court and approved by a physician.

"Metrazol and Insulin Shock Therapy - Metrazol is a drug normally used to stimulate breathing. When injected intravenously in large doses it produces a convulsion and mental reactions similar to those described in Electric Shock Therapy due to a change in blood chemistry.

"In Insulin Therapy, increasing amounts of the drug are given daily until a marked deficiency of sugar in the blood produces a coma. We do not use insulin shock therapy at the present writing.

"Since it is felt that Electric Shock Therapy produces the same reactions with more beneficial results and with the detrimental effects of Metrazol, this drug is no longer used in this Hospital.

"Fever Therapy - the patient suffering from Neurosyphilis is one in whom the Syphilis germ has become active and isolated in the central nervous system and in the brain causing a brain damage and deterioration. Due to the activity of this germ, the patient loses a normal control of the emotions and his powers of coordinated action and thought. Those suffering from Neurosyphilis are given a course of high fever for prolonged periods of time which has the effect of burning out the Syphilitic germ that has been active in the brain and causing the extremely abnormal reactions. The treatment only prevents further deterioration, it can not repair damage already done. In this hospital the large inductotherm cabinets are used that raise the body temperature of the patient to 106 degrees and maintain it at that level for a period of five hours per treatment. A complete course of 85 hours of fever is used in treating this type of patient over a period of weeks."

In addition to this method, intra-muscular injections of controllable amounts of arsenic and bismuth were administered to kill off the spirokite germ that causes syphilis.

Very much like the "Inductotherm Fever Therapy" method was something called "malaria treatment".

In this instance a client with paresis was injected with blood from an individual suffering malaria. This would infect the syphilitic with malaria, raising his temperature to the point at which it would "burn out" the spirokite germ. Ice-packing of the client would bring the temperature down.

All three of these methods of treatment described above were never again used after penicillin became available.

"Hydro-Therapy - Hydro-therapy does not attempt to change a person's mental status. The therapy is designed to calm those who are over active, excited, restless or suffering from extreme nervous tension by the soothing motion of water. The basic purpose of hydro-therapy is the slowing of all body reactions of the patient which in turn results in better relaxation and loss of tension. Two types of hydro-therapy are used in this Hospital; the hydro tubs and the hydro packs. The hydro tubs consist of large bathtubs in which the patient lies in body-temperature, flowing water for three hours per treatment. The packs consist of wet sheets and blankets in which the patient is wrapped for a period of two hours. Treatment is usually given daily.

"Prefrontal Lobotomy - One of the newer techniques in the treatment of mental illness is the Prefrontal Lobotomy. This operation isolates the frontal lobes from the remainder of the brain by cutting the connecting neural fibers. The purpose is to cut off the seat of the emotions from the thinking center of the brain. Because the paths of mental activity have been severed, the patient becomes completely disorganized after the operation. He must be re-educated to train new pathways of activity as replacements for those severed. When the operation is beneficial, the patient will lose his confusion in about two weeks and will be able to re-learn normal habits of living.

"At the present time, State Hospital No. 3 is without the services of a Surgeon trained in the uses of this form of treatment. Therefore, this type of treatment is not used in this Hospital."

One of the most proven and still applied therapeutic tools is psycho-therapy. A brief description of its theory as it was practiced in the 1950s follows:

"Psychotherapy - Psychotherapy has as its basis the theory that functional mental illness finds its source in emotional conflicts not properly solved. These conflicts are present in every individual and it is the degree rather than the type that makes for major mental illness. The treatment is really nothing more than a very skillfully directed conversation between the Psycho-therapist and the patient through which these conflicts may be brought into the open, understood and where adjustment may be made to them.

"The therapist strives for insight or understanding himself and emotional re-education in the patient so he will accept himself for what he is and what he has been and done in the past and so he may be better prepared to meet life as he finds it in the future.

"These directed conversations may take two forms: Group Psychotherapy in which five to ten patients and the therapist carry on round-table discussions about the patients' emotional problems and maladjustments; and Individual Psychotherapy where the discussions are confidential between the therapist and the patient.

"Both group and individual psychotherapy are used in this hospital."

While some of these methods seem primitive by present standards, they were the methods of the times.

Since the division of this institution in 1973 into the Nevada State Hospital as a treatment center for the mentally ill, and the Nevada Habilitation Center as a center for treatment of the mentally retarded, programming has changed drastically.

Today the Nevada Habilitation Center and Nevada State Hospital use modern methods of training and special programs to best benefit the client. During the period clients are in training, they are placed in a habilitation program that is individualized to

their own special needs and designed by a professional staff with the goal of providing the necessary skills development and training to enable the client to function outside the facility in the least restrictive environment possible. The individual habilitation plan could include many of the following special programs or training areas: self-help and skills training; developmental training; employment developmental skills; on-the-job training; behavior modification programs; speech therapy; socialization and personal interaction; psychological evaluation services; chemotherapy; health care; physiotherapy and motor skills development; social work evaluation and services; medical treatment; recreation and leisure time; social dramatics; music therapy; group living; sex education; religious services and training; library and reading services; special events and dates; camping; woodmanship and scouting; volunteer services; and adult activation skills.

It must be noted that services like dentistry, optometry, a barbershop and beauty shop have almost always been available at this institution.

When a dentist was first added to the professional staff, there were no state funds available for him and he was paid out of the support fund. Today the institution still has a fully equipped dental office and service is provided on a regular basis.

Until two years ago there was still an optometrist on campus. Now clients in need of this service are taken to local optometrists or ophthalmologists in this region.

In spite of all the improvements in care and treatment of confined clients, horror stories of abuse and neglect have been passed down and are perpetuated. These are mostly unfounded and untrue.

Proof of willful abuse by any employee has been and is cause of instant dismissal. Unpleasant incidents can and do occur from time-to-time but these, too, have become less frequent in recent years.

This institution has indeed come a long way in every way related to mental health services. In this

Centennial year, Nevada State Hospital and Nevada Habilitation Center are looking forward to a Federal Accreditation Team visit. All indications are that accreditation will be continued and that this institution will continue to provide services to mentally and physically afflicted people of this state - for at least another 100 years.

CHAPTER III

ADDITIONS AND CHANGES IN BUILDINGS AND GROUNDS

POWER AND LIGHT UTILITY

Changes and additions to campus buildings and support facilities have been many in these past hundred years.

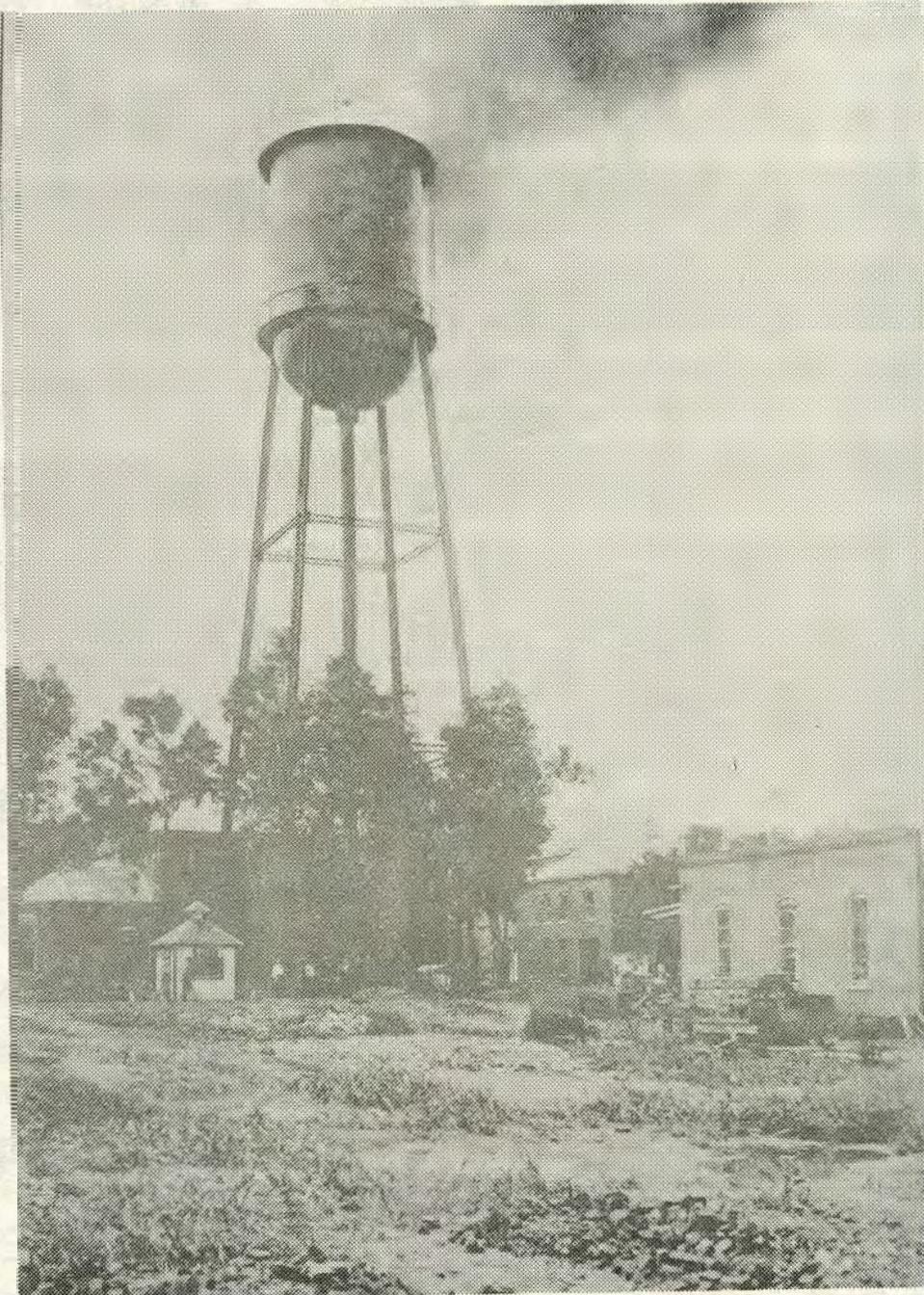
Until the turn of the century, the institution had only gas lighting. This means that for some 13 years supervisors and attendants making their nightly rounds of the wards had to carry lanterns. When the electric streetcar line was extended north on Washington street and west on Highland to the intersection of Ash, electric service was extended to the institution. Later the institution would generate its own electricity for awhile.

The first telephone system was installed during 1905-06. It connected all wards and support areas with the Center Building which then housed the administration and where the communication center is still located. Joyce Palmer, Switchboard Operator II, reports on the phone system as follows:

TELEPHONE COMMUNICATION SYSTEMS

"Prior to 1956, the State Hospital owned their own switchboard and it was serviced by the hospital electrician, Mr. George Transue. This was only a one-position cord board and the mail room was also located here at that time. The switchboard only had two outside circuits coming into the hospital.

The second cord board was installed in 1959 and had approximately six outside lines into the hospital. A rotary dial was installed about a year later in 1960 when Nevada had their dial conversion. This board was in use until the new system we now have was installed. This system was then owned and serviced by Southwestern Bell Telephone Company. The switchboard still only had one position for the operators



The first water tower was built in 1913.

and during office hours another operator wrote passes which would total 800 to 1,000 per week. At that time there were approximately 2,000 clients in the State Hospital. Prior to 1970 nursing service provided the night reliefs for the switchboard. (This switchboard is now on exhibit at the Bushwhacker Museum).

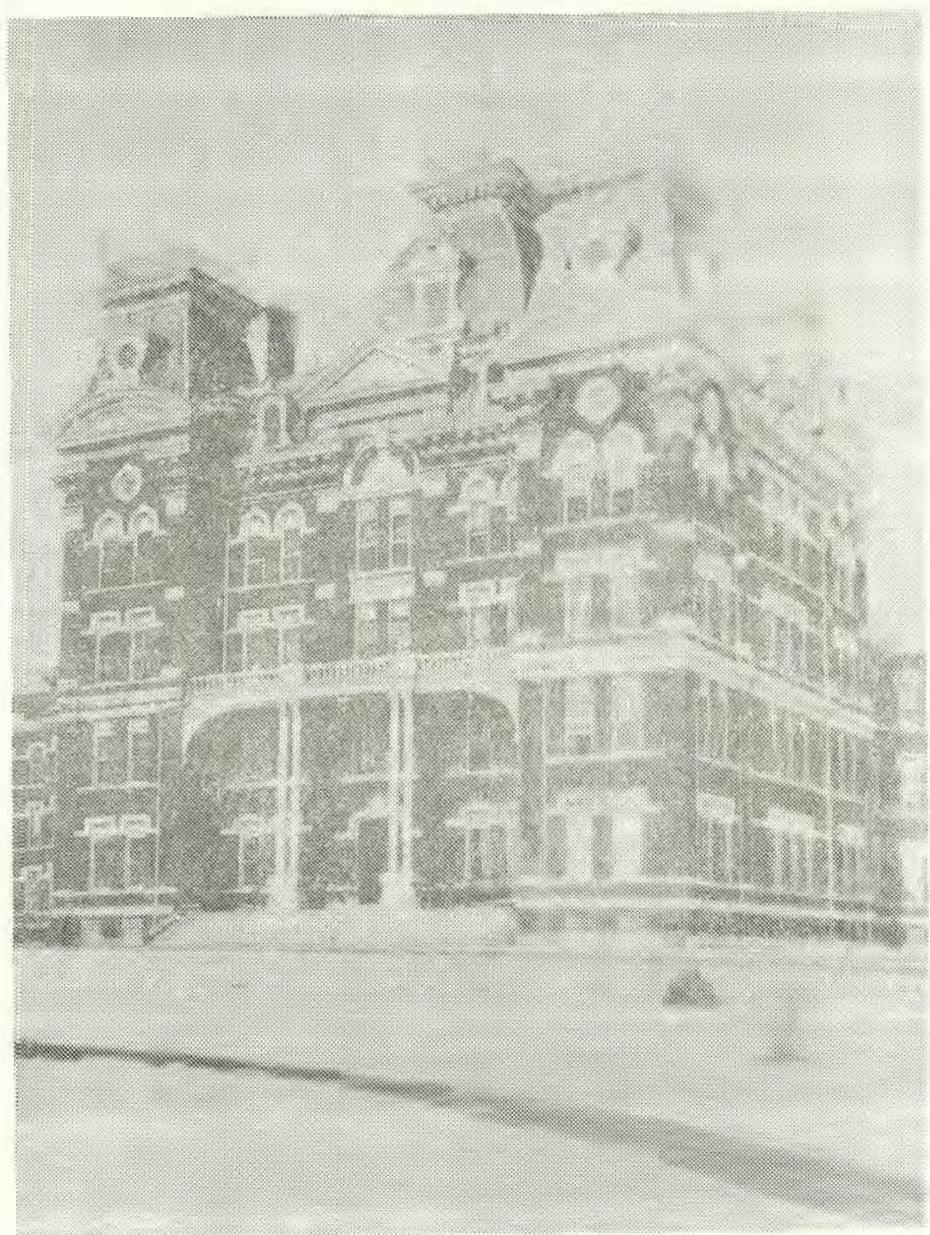
On May 27, 1976, Mike Benzen, the Business Manager at that time, had a new system installed with two consoles and touch tone dialing. The two "consoles" each have thirteen outside lines and five inside lines. This system is also connected to four electronic Tandem trunks which are on the State telephone network, enabling us to dial other State agencies within the State and then, eventually, anywhere in the United States with an authorization code. We also have an outward WATS line (Wide Area Telephone System) which is for intrastate calls only.

We have a radio and paging system which is logged and operated by telephone operators on duty twenty-four hours daily. We have seventy-one pagers in use. A fire alarm system is also located at the switchboard and is monitored and logged twenty-four hours per day. This system was updated and put in new after the new touch tone system was installed (1979).

WATER UTILITY

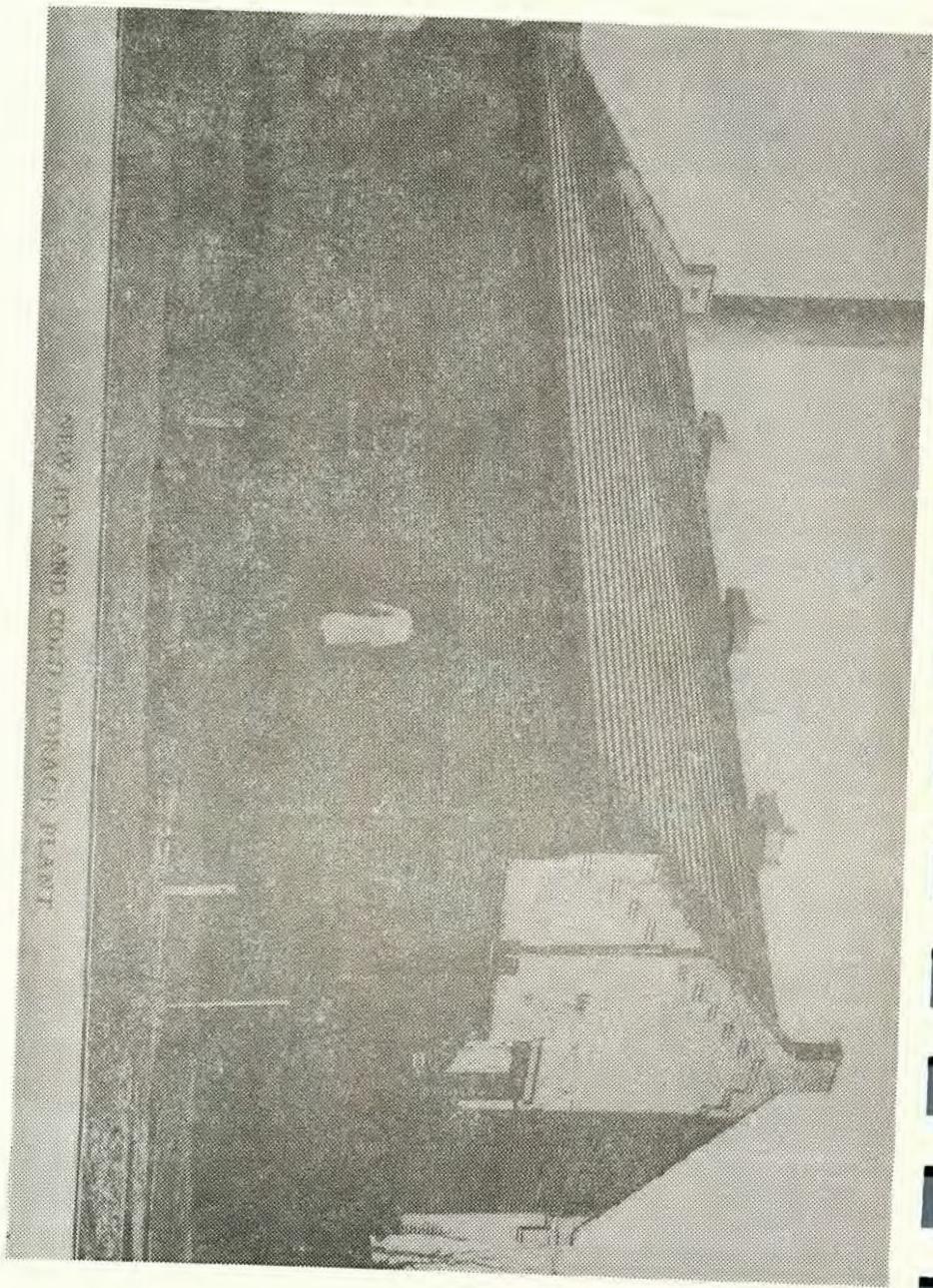
By 1905 many repairs and improvements were needed at the institution. In the Biennial Report of 1905-06 a "new water system" is listed at a cost of \$16,000. A well 870 feet deep was created. It was meant to provide double the amount of water needed. The water was pumped by compressed air. A special "fire pump" was installed that was capable of delivering 45,000 gallons of water per hour and, with a pressure of 80 pounds, could throw a stream of water over any part of the building.

To obtain a supply of soft water, a 300,000 gallon capacity reservoir was dug and lined with concrete.



Winter scene of Center Building.

SHIP REPAIR AND EQUIPMENT PLANT



Because no provision was made for filling it except for whatever amount of rain would directly fall into it, the project remained a failure. Eventually in 1934 C.W.A. workers enlarged the reservoir to the size of the lake it presently is. This time a catch basin of sufficient land area was also dug and it provides enough drainage to keep the lake filled.

The quality of the water with its high sulphur and limestone content would remain to be a problem. It was particularly responsible for the frequent boiler repairs as well as water and steam pipe replacements. In 1920 water softening equipment was installed and a two and one-half mile long pipeline was brought in from the Marmaton River especially to accommodate the boilers and the laundry operation. Eventually two other wells, at an average depth of 1,000 feet, were added. The first water tower was built in 1913. It remained in service until 1974, when the present water tower replaced it with an increased capacity to 200,000 gallons. At the same time a fourth well was produced. These improvements made it possible to supply the institution with its present average water consumption of 150,000 gallons per day.

In the early years ice production was very important and in 1905-06 the ice plant was moved closer to the power plant to conserve on ammonia. There would be other periodic changes to increase its capacity. In the early 1950s over 80 tons of ice per month were still produced. The first refrigeration facilities were built in 1921-22. These were also updated and enlarged in 1963. The newest and largest was built in 1979.

LAUNDRY FACILITIES

A "new laundry" was built in 1913 at a cost of \$25,000. It was, for its day, very modern and would soon have an addition built just west of it with enclosed connecting ramps. At present that laundry is the maintenance warehouse, now in the process of being renovated. The "addition" is the present electrical shop, the engineering office, and it houses the paint shop in the basement. That laundry would remain

New Laundry Building



in operation until the present laundry was finished in 1969. There are reports that in the warmer season of the year temperatures above 100 degrees during working hours were quite common.

In 1952 there were five washers 42" by 48", one washer 30" by 30", three tumblers and three 48" extractors, a 20" extractor, one flat-work ironer 120" and one 100", six pressers and one pants form, two mushroom pressers, twenty-seven hand irons, and thirty-seven ironing boards.

The average turn-out per month was 164 to 601 pounds. Supplies required per month were as follows: 3,000 pounds of soap; 150 pounds of starch; 1,500 pounds of alkali; 20 gallons blue; 1,800 gallons of 1% bleach; and 400,000 gallons soft water. There were nineteen employees in this department. During that time these were the only employees that were given a one and one-half hour lunch break in the course of their 13-1/2 hour day shift.

Compared to this, the statistics for the present laundry are as follows: It washes 5,000 pounds of laundry each day for both facilities. This averages out to be about 35,000 pounds a week. Flat laundry which is sheets and pillow cases for the Nevada Habilitation Center numbers 3,800 pounds, and 1,000 pounds for Nevada State Hospital. Finished laundry, which is personal clothing, includes 1,955 pounds a day for Nevada Habilitation Center and 970 pounds a day for Nevada State Hospital. The laundry is equipped with five 450-pound washers and one 200-pound washer. It takes 1,000 gallons of water to fill each machine and then it takes one hour to complete a wash cycle. The drying system includes eight roll-mangle dryers for towels and sheets and seven 100-pound dryers for everything else. Employees work eight hours a day and the laundry operates seven days a week with sixteen employees.

"D" BLOCK ADDITIONS

By 1905-06, the "D" block had been added to the east and west wings of the original building. Block

"D" on the East wing was just finished and was called the hospital for women because it contained an "operating suite". Both building blocks had been added at a cost of \$35,000 each. Money to furnish them had not been as yet appropriated, but would be provided in the following years.

BUILDING MAINTENANCE AND ADDITIONS

Some of the major repair projects to keep the building complex maintained consisted of: A progressive replacement of all sandstone used in the original building with "Carthage Stone". The sandstone had by then already begun to erode to sand; systematic replacement of the original plaster ceilings with patterned W. F. Norman & Co. steel ceilings and cornices. (These are now covered by the present lowered acoustical ceilings); and many of the wooden floors were being replaced by concrete, tile and eventually terrazzo. Cost of this kind of maintenance can be traced over many years in the Biennial Reports up to the 1920s. Repainting and decorating has been more or less a perpetual project.

Because of the garden industry and the parks, greenhouses were a very important part of the institution. The first greenhouse was relocated and enlarged in 1906. During 1921-22 it was again enlarged and improved and located in the space where the Rush Building and its parking lot are now. A small greenhouse is now located at the south end of the maintenance shop.

Two farm silos were built in 1905-06 and a third one was built in 1914. They were located next to the dairy barn, one-fourth mile northwest of the main building complex.

A new kitchen and dining room were also built in 1914 at a cost of \$18,000. Two large Peterson ovens were placed in the kitchen at an additional \$2,500.

The first garage large enough for three cars was built the same year, costing \$1,000.

State Room



THE POWER PLANT

From the very beginning the entire institution has been heated with steam heat and some sort of "boiler room" or "power plant" has been on the premises. The earliest exact location of this plant is somewhat sketchy, but it has always been in back of the main building close to its present location. Records show that by 1931 it was basically finished. But in 1950 an addition was built onto it.

It has already been mentioned that due to the quality of the water, frequent repairs, replacements and changes of boilers had to be made over the years. At that time much of the needed machinery was run by steam. The first "75 kilowatt dynamo" was installed in 1908 and this facility began to generate its own electricity, and continued to do so until 1959. At first all electricity generated was distributed in 220 volt circuits. Conversion to 110 volts began in 1929-30 with the installation of a step-down motorized generator. That year the first electrical rewiring of all wards began. The 220 volt circuits had by then become a potential fire hazard. Since 1958 all electricity has been purchased from Missouri Public Service.

Until then there were, eventually, three large engines and three dynamos in operation capable of generating 150,000 kilowatt-hours of electricity per month. The four immense boilers stood twenty feet from the floor to the top and generated 15,000,000 pounds of steam per month.

When coal was used it took thirty-five tons of it per day to fire the furnaces. The fire boxes were fed by automatic stokers. A 187 feet tall smoke stack serves all furnaces. It is the third and largest smoke stack in use with the power plant and was tuckpointed and reinforced with large steel bands in 1981. The one it replaced had been built in 1907. It was damaged by lightning several times until lightning rods were installed on it.

Since 1960, all the three boilers are fired by natural gas. It takes 450,000 cubic feet of gas per day in

winter and 125,000 cubic feet per day in summer to produce the amount of steam needed.

Almost all of this old equipment has since then been replaced. The old steam-powered dynamos are gone. In their place are a 500-kilowatt "Skinner" generator, installed in 1948 and steam-powered. A 750-kilowatt "Caterpillar" generator, and a 150-kilowatt "Caterpillar" generator were installed in 1975 and 1976. These two are diesel engine operated. All three are on standby for emergency use in case Missouri Public Service should develop problems with their service.

This institution presently uses 5,000 kilowatt-hours per day during the winter and 12,000 kilowatt-hours per day during the summer months. The larger amount of usage during the summer is due to the new air conditioning systems that were finished in 1980 to cool all of the main buildings.

The precooling of the water used for all the air conditioning is done in a special unit (a chiller building) attached to the power plant in 1979.

In 1974 a modern monitoring board was installed at the power plant that provides constant read-outs regarding the function of all utilities and support machinery.

That same year the last two old boilers were replaced with two 40,000-pound (steam per hour) "Nebraska" boilers, designated as boiler #1 and #2. The other two old boilers were already replaced in 1960 with one 50,000-pound "Brothers" boiler. This one is now designated as the #3 boiler.

In 1974 three oil storage tanks were built just north of the power plant. They have a capacity of 105,000 gallons of fuel oil each. If a problem with the natural gas supply should develop, the three boilers can be fired with oil.

The power plant is still equipped with a steam whistle which sounds a blast daily at 4:30 p.m. sharp to signal the end of the general work day for most employees. It also lets the clients know that it is

time to return to their suites and prepare for dinner and evening relaxation.

FIRE PROTECTION

Fire protection has obviously been of great concern from the beginning of the institution's existence. In early years there were wooden spiral fire escapes attached to the back of the building blocks. Eventually they were replaced by tube-type metal fire escapes. These were eliminated when the entire complex was remodeled in 1952-53. Fire hydrants and fire pumps have also been upgraded periodically.

A "fire team" was organized in the summer of 1930 and drilled regularly. The present fire engine, a Ford Ladder/Pumper Truck, was purchased in 1966 and has been kept in excellent condition. The engine house was remodeled and improved in 1968. Presently the institution is also under the protection of the Nevada Fire Department. Institution-wide fire and disaster drills are held at staggered intervals throughout the year.

MAJOR BUILDING ADDITION

In 1919 construction on a long needed "surgical hospital" was begun. It was occupied in 1922 and had a capacity of 34 beds. On the main floor was a general treatment room, and a fully equipped operating room was on the second floor. Here the acutely ill clients were treated and cared for. It was remodeled in 1927-28.

This two-story-with-basement building was in service until the late 1970s when it was taken down to make way for the new Paul L. Barone Medical Building. It was dedicated on November 5, 1980 and named in honor of Dr. Barone who was Superintendent of the Nevada State Hospital for a total of nearly 43 years, beginning in 1948.

This hospital unit is ultra modern in design and function with a capacity of 28 beds for acutely ill clients. The building won an award for "excellence in architecture" by the Kansas City Chapter of the

American Institute of Architects on October 21, 1980.

Around 1931-32 a cannery was built and put into operation. In a canning season its average output would be approximately 50,000 gallons of a variety of vegetables and at least 10,000 gallons of fruit. This continued until the mid-1950s. That cannery building is the carpenter shop now.

From the early 1920s to the late 1930s very little new construction was done. As a result of World War I, appropriations were tight through the 1920s. Through the early 1930s the impact of the depression was felt in institutions, also.

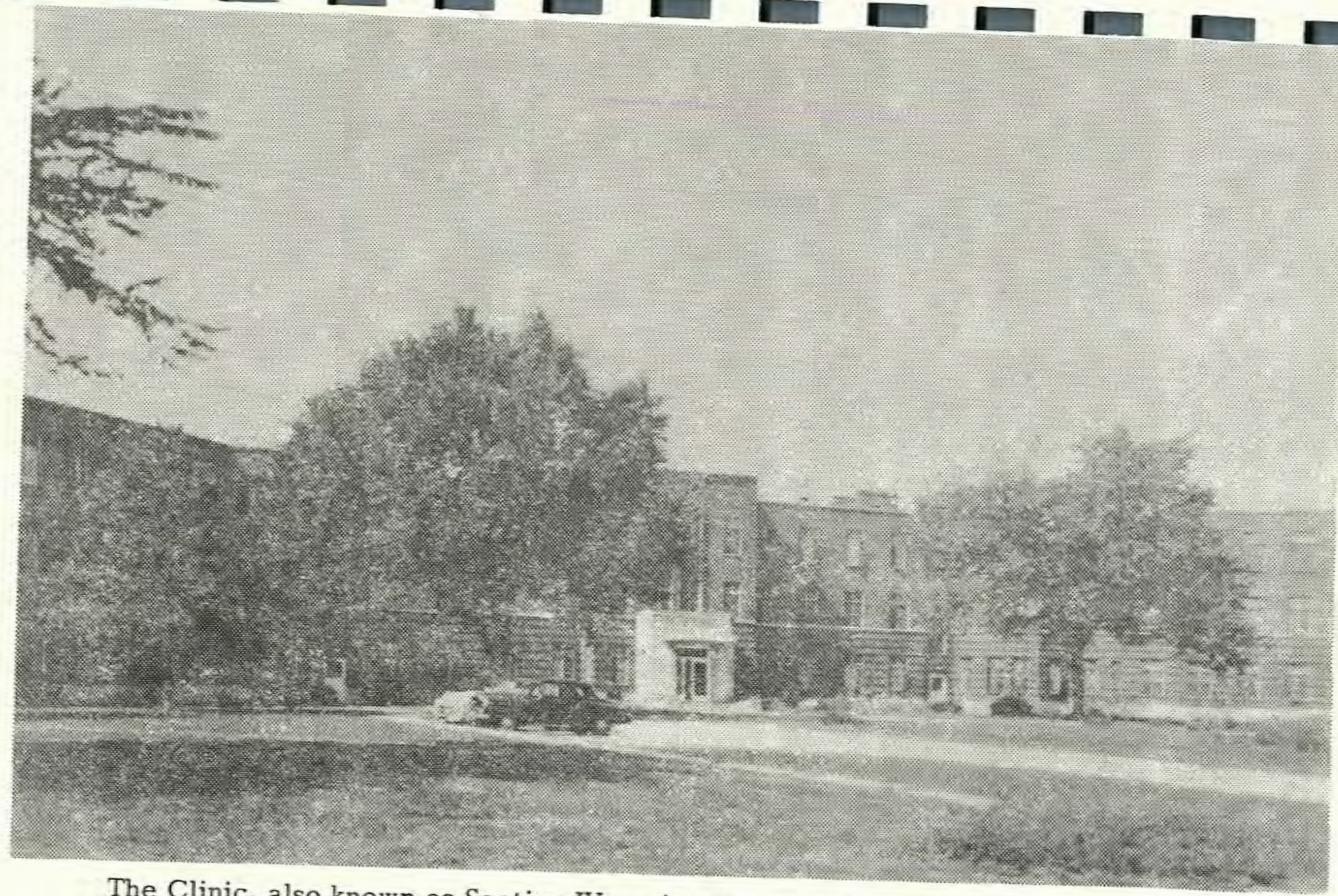
However, in 1937, a regular "building boom" began. The first building that was completed that year was the "Employees Dormitory". This was built for the attendants who wished to live in the hospital. Until then these employees had to live and sleep on the wards. These new quarters gave them an opportunity "to get away from it all" a little more after their long shifts.

On July 1, 1964 the building began to serve as the "Vocational Rehabilitation Building". It is presently the Administration Building.

A "Patients Cafeteria" and a "Surgical Kitchen" were built. The surgical kitchen was used to prepare special diet meals for clients. It is now the machine shop and plumbing shop.

Construction began that year on the "Female Infirmary". It was opened in late fall of 1939. There were fourteen wards. Each floor had a dining room. The fourth floor, west wing, ended in open-air, wire-enclosed porches. These are still there, but sun roofs of corrugated plexiglass have been added. Those porches were used for the treatment of clients suffering tuberculosis. The building is now named "Ozark Hall". It was the first air conditioned building on campus.

Building of the "New Clinic" was also started in 1937, and was ready for occupancy in 1940. The wards on the third floor were called the "receiving wards". Here new clients were examined. The second floor contained the treatment wards. On the first



66

The Clinic, also known as Section IV, as it appeared circa 1950. It is presently the main building of Nevada State Hospital.

floor were wards for those clients who had finished treatment. There were also offices, an outpatient clinic, the x-ray and photography department, the information window, the psychologist's and chaplain's offices and an examination room. The fever therapy department was located on the second floor, while the hydrotherapy department was on the third floor. This building is now the main building of the Nevada State Hospital.

On June 14, 1950, the "Male Infirmary" opened designed as a flat, one-story building to allow easier client access to outdoors. It served for many years as a care unit for men only. Later it was used for vocational education. Now it houses the more profoundly handicapped clients and is called Benton Hall.

During 1949-50, six houses were built. Administrators and physicians have lived in these since then. This year they are all being tuckpointed.

The Occupational Therapy Building was also finished in 1949. It is now called "Lakeview Center", and it is used for special education - training in domestic skills, personal hygiene, speech therapy and habilitation training services. There are also seven production lines set up where clients learn to make wooden lawn chairs, wind chimes, rocking horses and twenty four different items. These items are sold through a catalog and the program is, as a result, 95% self-supportive.

The library is also located in this building.

DIETARY FACILITY

One of the most vital support facilities of this institution has always been the kitchen and bakery. There have been so many changes over the years that it is difficult to pin-point them all.

Records show that in 1914 the first new kitchen was built along with a new dining room. From then on there were periodic improvements and remodeling projects related to the dietary department. For many years there were staff dining facilities on the upper floors of the Center Building, particularly during

the years when the administrative offices as well as the administrative apartments were located there. There is evidence that they were quite elegant and well served. The bakery was not always within the kitchen area but all breads, biscuits, rolls, cakes, cookies and even crackers were produced on the premises until fairly recent times. Old-timers still comment on the tantalizing scent of fresh-baked goods that pervaded the back area of the campus daily. Daily output in baked loaves of bread in the 1930s was around 900; during the 1940s it ranged from 700 to 1000 loaves a day.

A monthly food service report from 1950 reads as follows:

"Meals served daily, 7,629. Kitchen equipped with one revolving oven, a large gas range for frying and also bake ovens for roasts. Vegetables are cooked in steam-heated aluminum cookers with a capacity of 150 gallons. Number of loaves consumed per month - 21,494. Cakes served on Sunday and Wednesday - 480 pounds per baking. Flour required per month - 27,100 pounds. Meats, such as roast beef, roast pork, smoked ham, corned beef, side meat, boiled beef, wieners or frankfurters, pork chops, bacon and chili meat - 750 pounds per meal. Milk in half-pint bottles - 477 gallons per day. Coffee served at breakfast - 250 gallons. Dry breakfast cereals - 169 pounds per meal. Dried fruits for breakfast - 200 pounds per meal. Oleomargarine - 61 pounds per meal. Vegetables, fresh from the garden when in season. Irish potatoes or sweet potatoes - 1,500 pounds per meal. Lima beans, pinto beans or navy beans - 250 pounds per meal. Tomatoes, carrots, green beans, mustard greens, beets, hominy, spinach, peas, kraut or corn - 164 gallons per meal. Eggs - 424 dozen per meal. Fish served on alternate weeks once - 750 pounds. Ice cream served in individual containers - 75 gallons.

Until 1972 there were separate dining rooms for male and female clients. Since then all ambulatory clients eat together in the clients' cafeteria. There is still an employees' cafeteria. The menu for the clients and staff is the same.

The most recent renovation of the kitchen occurred under the capital improvement plan in 1979-80. In order to bring it up to Title XIX standards, \$1,250,000 was spent to modernize it and expand the cold storage area.

From this new kitchen, 60 dietary employees prepare meals for 514 clients of Nevada State Hospital and Nevada Habilitation Center. Out of this number, 350 client meals are delivered in modern individual thermos trays. The remainder dine in the cafeteria. Special diets are also prepared and delivered. Dietary also serves approximately 180 employees daily in the employees' cafeteria.

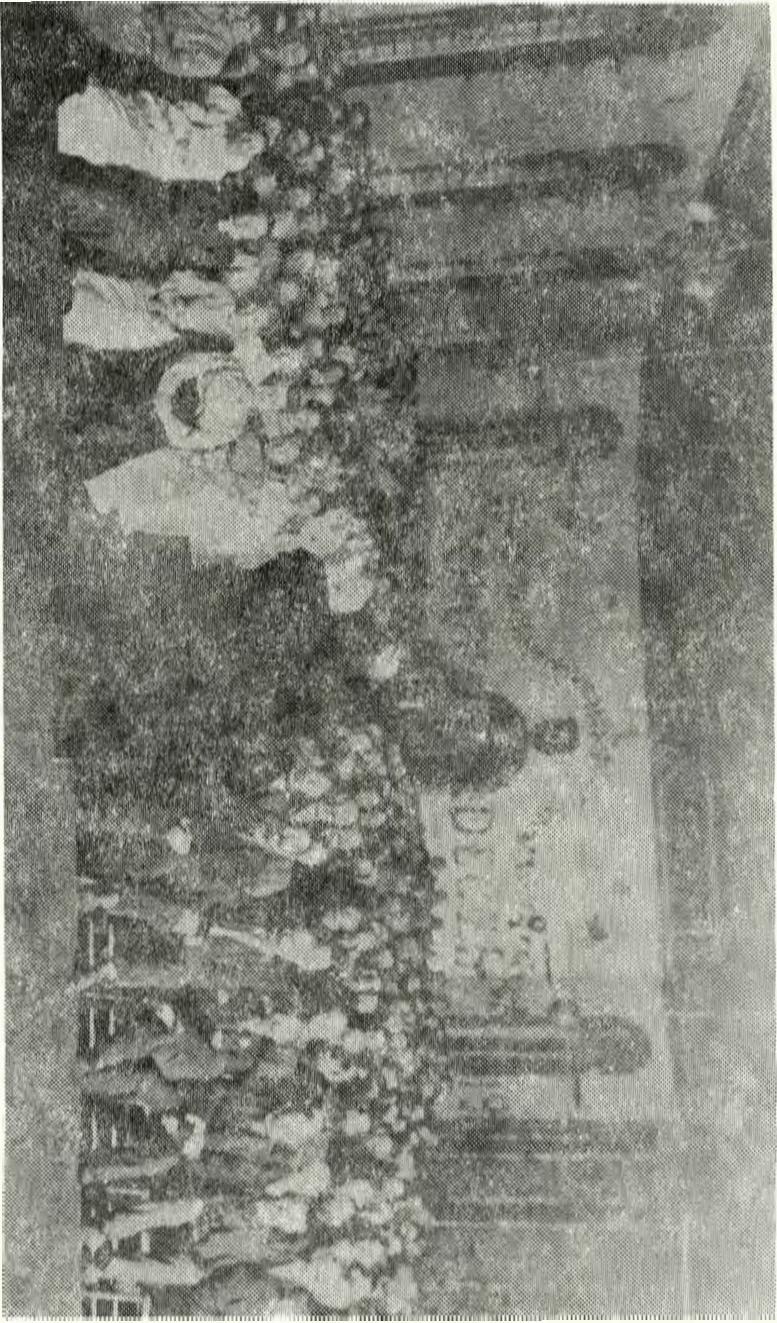
Great care is taken to serve meals that are dietetically well-balanced and nutritious. Every meal includes an entree, vegetables, bread and butter and a desert or fruit. Milk is served at noon and tea or kool-aid at the evening meals. Menus are planned three weeks in advance with the aid of a computer. Based on the projected number of meals to be prepared, it prints out the recipes along with the amounts of ingredients needed.

Kitchen equipment includes one rotating oven, two conventional ovens, a deep-fat oven, one steamer, three large steam kettles and a tray and utensil sterilizing unit.

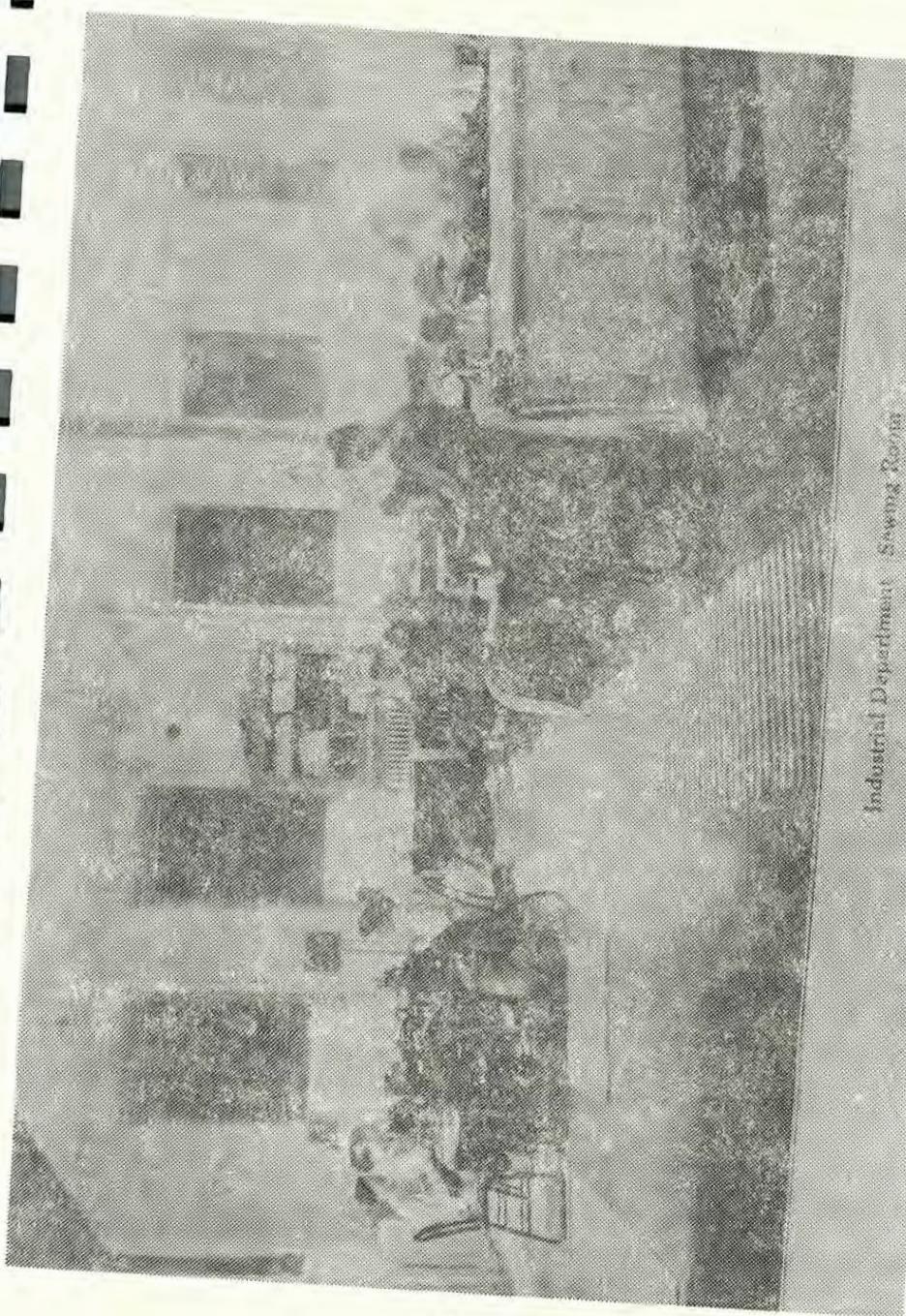
Cold storage was remodeled and expanded to its largest proportion ever. The cooler doors are large enough now to permit forklifts with fully loaded pallets of provisions in and out. For the use of Dietary, there is a vegetable prep shop, a butcher shop, a milk storage area and a produce storage area. All remaining cold storage is controlled by the central warehouse.

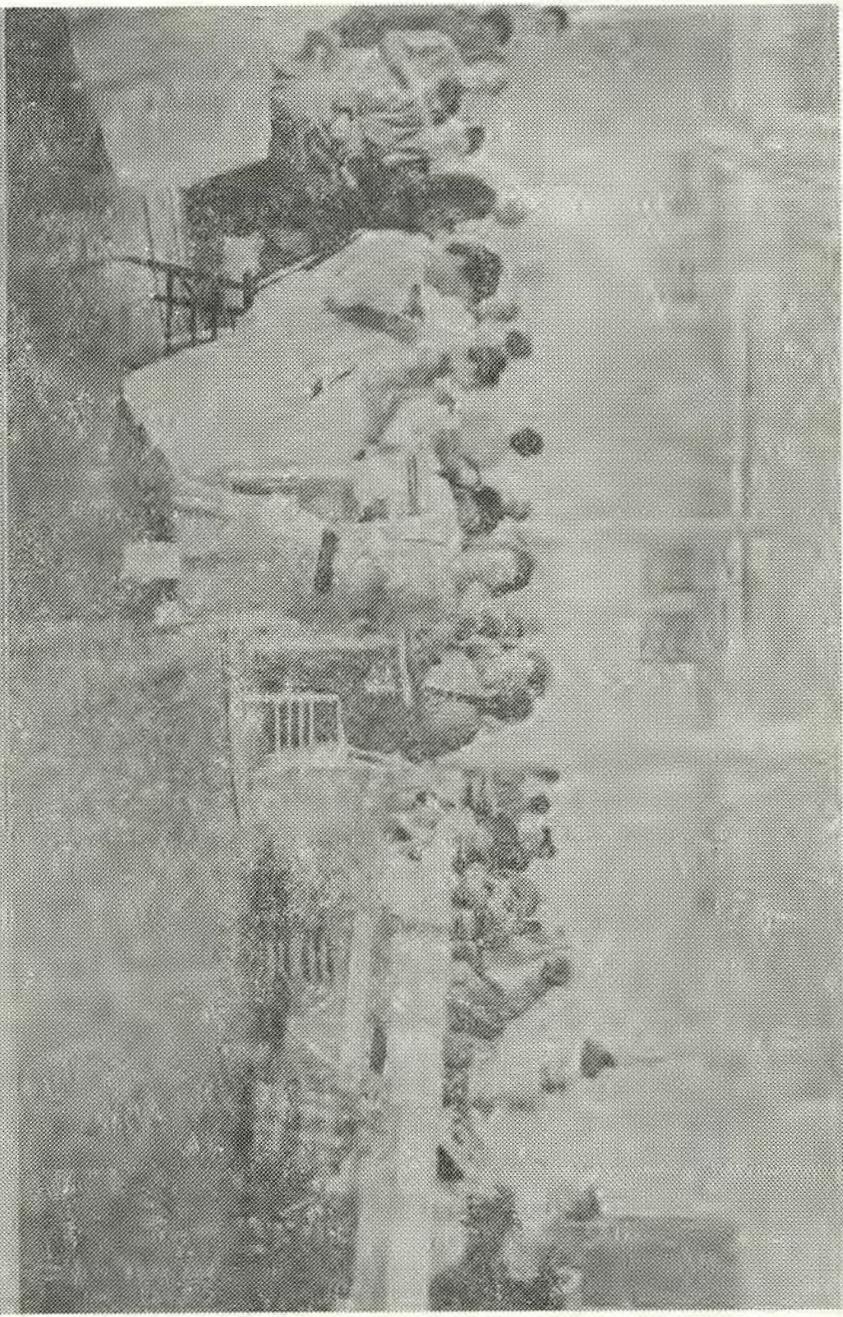
The space that was the male dining room was remodeled and serves as the clients' UNION now. It offers a variety of activities for the clients. The bowling alley is one of its main attractions. It was purchased by Charles Brewer, Superintendent, for \$1.00 from the city of Bonne Terre, Missouri, and installed here in 1982. Clients are encouraged to

Group of patients and nurses attending moving picture show in the chapel, December 29, 1908.



Industrial Department Sewing Room





come and enjoy all the game facilities. They can also purchase snack items and soft drinks from the canteen located here.

MODIFICATION OF THE ORIGINAL BUILDING

Modifications on the original building began in 1951. They would result in a monumental change in the outward appearance of the institution. The victorian style gable-roofed towers and slanted, slate roofs were removed and replaced with the flat roofs that are now in place. Even the entire fourth floor of the Center Building was dismantled. All of the ornate, wooden gingerbread decorations on the facade and the main entrance to the Center Building were taken down. In the late 1940s already some preparation for this had been made, in that, a three-inch thick layer of enforced concrete was put in place over the entire top floor ceilings. This was done to fireproof the building but it also created the foundation upon which the flat roofs could be layed.

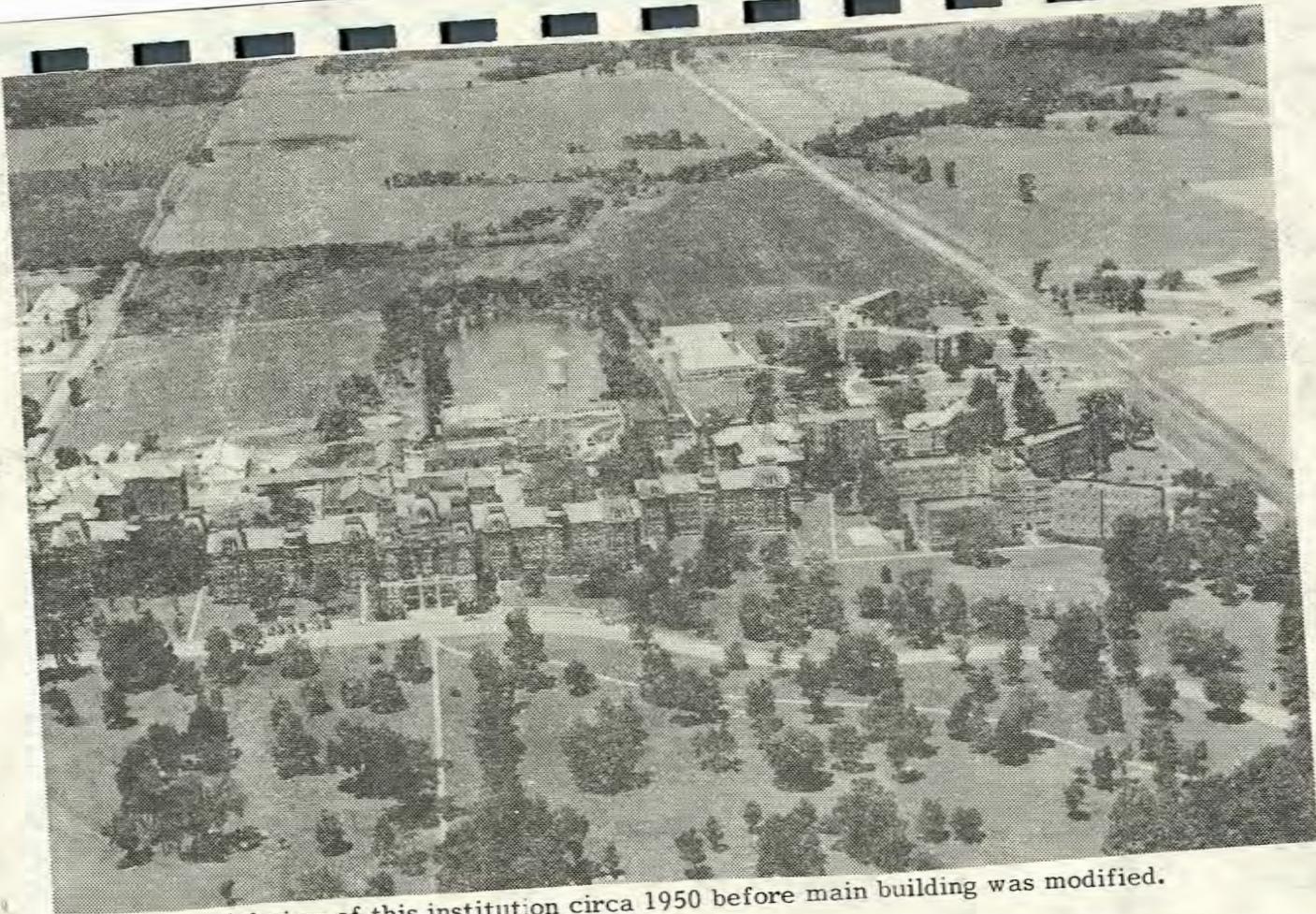
Some of the reasons for removing the slanted roofs were that the immense weight of the roofs, combined with the angle, had in the course of the sixty-six year existence of the building begun to push sections of the wall apart. The slate roofs had also developed many leaks over the years, while qualified craftsmen were harder to find to make the repairs on those types of roofs. It was also a time when people thought of that type of architecture as terribly outdated, and so many of the changes were motivated by the desire to give the institution "the modern look".

With all the wooden support structure taken away, a potential fire hazard had certainly been removed. But, in retrospect, it can be argued that with this "modernization" the charm and character of the building's earlier appearance was gone forever.

Between 1957 and 1958, this building complex was tuckpointed and the brick work was stained to a lighter shade. The old, barred windows were removed along with the Carthage Stone window heads and



75



Aerial view of this institution circa 1950 before main building was modified.

replaced with modern psychiatric windows with detention screens. The entire building was rewired and a new fire alarm system was installed.

In 1958 two more buildings were added. The "Rush Building" was built as a living unit for working clients. It was named after Dr. Benjamin Rush, a physician, by a client in a naming contest. For a while it became a juvenile treatment unit. Most recently it was the Alcohol and Drug Abuse Treatment Center. At this time it is the only other building in addition to Section IV that makes up the Nevada State Hospital facility.

The second building, dating to 1958, was first the "new storeroom". It still contains a storeroom, but it also provides the receiving dock; the purchasing office, print shop, clothing room and sewing room.

All of these building and improvement projects initiated during the mid 1930s through the 1950s were done with the help of W.P.A. workers. Many unemployed craftsmen and laborers of this community and the county found jobs here during those years.

During the 1960s and 1970s the only new buildings that were constructed were the new laundry and the Barone Medical Building. Both have been discussed earlier.

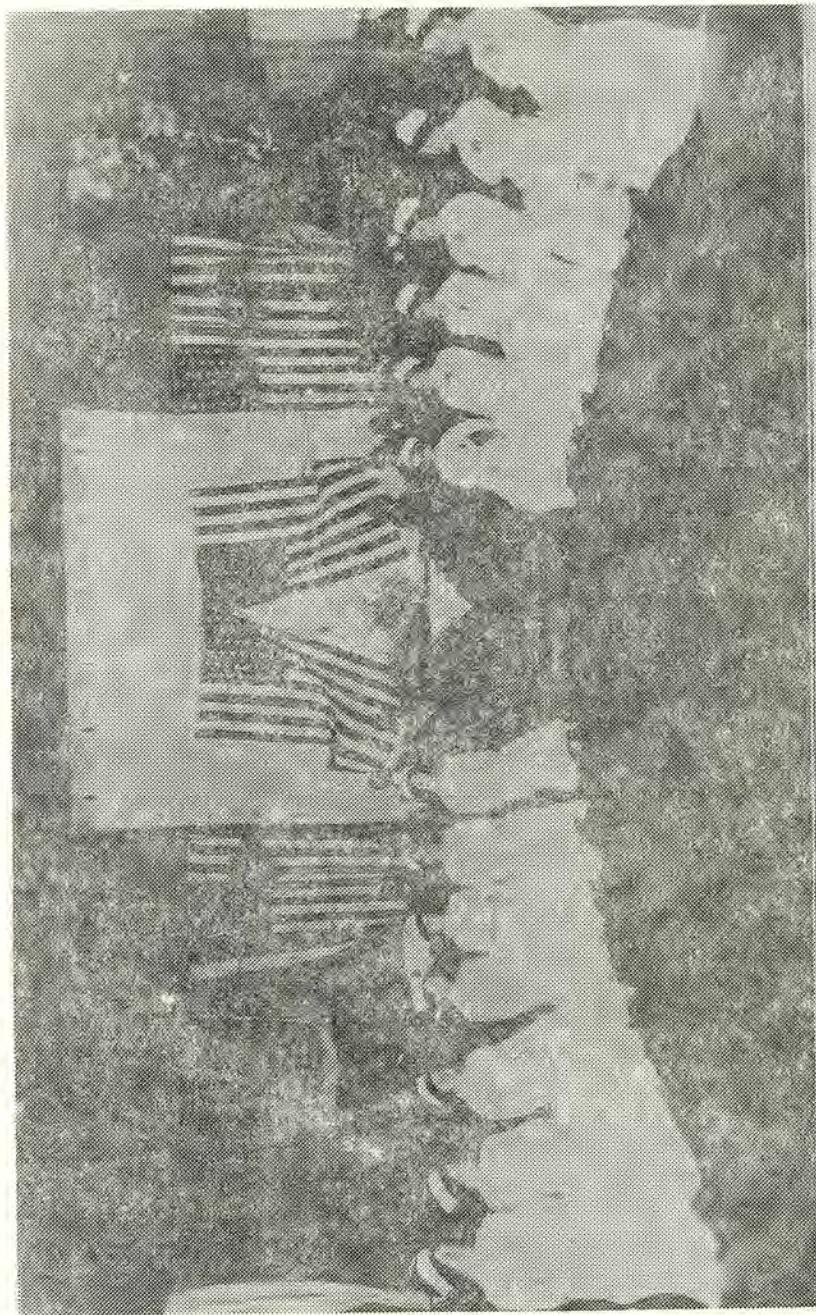
MARMADUKE PARK

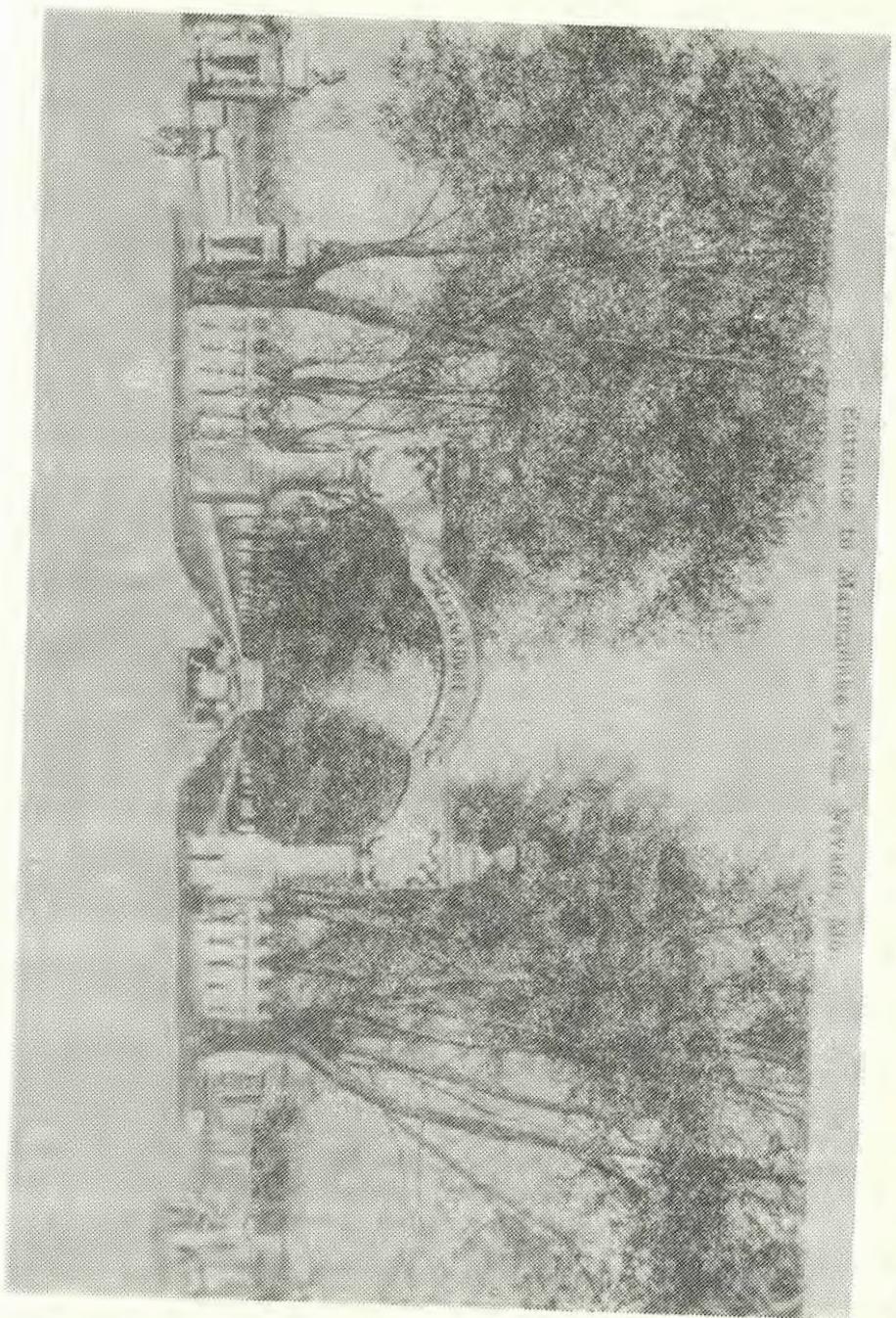
One area that was given new attention in the 1970s was Marmaduke Park. The one existing picnic shelter was improved and a second shelter was constructed in the north section of the park. A great variety of playground equipment was installed for the recreation of clients. New restroom facilities were built. As a result renewed emphasis was placed on such client activity as picnics, special breakfasts and even overnight camp-outs.

But one of the most unique improvements was the construction of an amphitheatre.

Utilizing surplus steel girders, a roofed stage house was erected on a 24 by 24 foot concrete base. A concrete forestage measuring 48 feet wide and 18 feet deep was added. Two spotlight towers and

Graduating Class of Nurses and Attendants 1912





a control booth were also built. Permanent seating for 300 persons was installed with ample room for expansion. The theatre was designed by Alfred Fenske with multi-purpose use and flexibility in mind. A complete stage lighting and sound system were incorporated into the project that are both practical and effective. The theatre was completed in 1979, and since then many theatrical productions and musical concerts have entertained the clients there. At least once a week, usually on Wednesday evenings, some sort of entertainment is given there for the clients during the summer months.

The park and its facilities are available to the public on a reservation basis for a small fee.

CHAPTER IV

FARMING, GARDENING AND DAIRY OPERATION

THE FARM

The original acreage of this institution was 520 acres. Of this, 125 acres is taken up by the buildings and grounds of the campus. Since the institution was from its inception set up for "general farming" as one of its primary industries, large amounts of land were leased annually. Over the years the State of Missouri purchased these tracts of land to where it now owns a total of 1,050 acres.

By the turn of the century the farm was already supportive enough to provide feed for the dairy and hog operation. All the barns, a horse barn and a mule barn and, of course, the dairy barn, were in place by then.

After 1906 clients were incorporated into all of the farm industries or "production departments", as they were called. There is ample proof that this benefitted both. For the clients, it offered therapy and an opportunity to develop skills that could be used as a vocation after a client recovered and was released. The production departments obtained a larger work force and gained greater productivity.

To be most efficient all areas worked in tandem and it would be impossible to treat the farm, dairy, garden, hog farm and poultry area as separate entities. Their functions will therefore overlap in this report.

In the early years all the tilling and planting was, of course, done with the help of horses and mules. The weeding, tending and harvesting was done with client worker crews. There would generally be six clients at work under the supervision of one paid employee. Client workers were not paid a wage. As farming machinery became more mechanized and motorized, tractors and trucks were added to assist the horses and mules, and they eased the lot of manual labor that had been done.

HICKEY GOOSE, SHOWING PEGMENTS AND TRAINS IN FOLD READY FOR FARM WORK



In addition to crops like corn, oats, wheat, and sargo, sorghum cane was grown. Once the broom and brush making industry was in operation, broom corn was grown for it. Silage was also grown and cut for the dairy. Acreage not used for crops or gardening was left as pasture and for hay production.

GARDENING

At least 75 to 125 acres of land were used each year to grow fruits and vegetables. The land used for this purpose was in the area between what is now West Street and Marmaduke Park on either side of Edwards Street as it continues to the park. The space on which the Administration Building and the staff houses are now located was also part of that garden land.

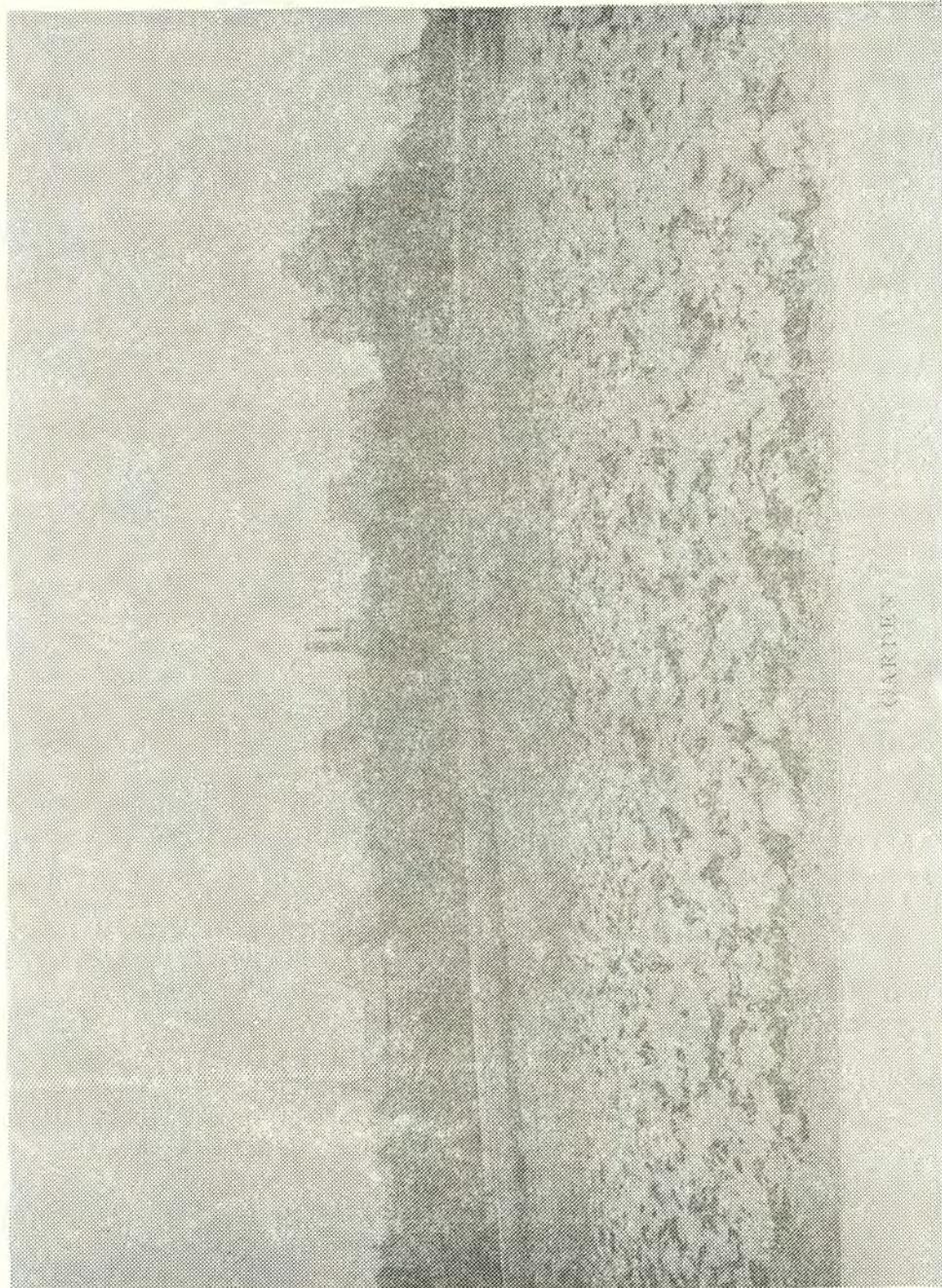
Until the mid-1950s every imaginable variety of garden produce was grown here at one time or another in such abundance that it provided an ample supply for the needs of the institutions' kitchens and left enough over for canning. From 1931 to the mid-1950s a cannery was busy every season to can and preserve the surplus of fruits and vegetables.

By 1913 an overhead irrigation system had been installed over approximately 50 acres in the southwest section of the fields. And year after year the meticulously weeded and abundantly productive garden plots were the envy of the community. But to the clients and employees who tended them that was the norm and a matter of pride in the work they were doing.

The list of specific vegetables and fruit that were successfully grown in alternate rotation is practically endless. Many people still remember the large field of strawberries that extended right up to what is now the Administration Building.

THE DAIRY

Soon after a dairy was established, it began to live up to its expectation. It began to provide all the milk, cream, butter and buttermilk needed.



CALMARE

By 1905-1906 the dairy herd had grown to 75 milk cows producing an average of 150 gallons of milk daily. The cows were milked twice a day.

Within the next year a creamery was built, and by the following year the dairy was not only producing substantially more pasteurized milk but also 29,088 pounds of butter. Production over the next few years kept increasing and by 1917 the dairy produced 97,923 gallons of milk, 16,079 gallons of buttermilk and 63,760 pounds of butter.

Prior to 1919 the milk cows used in the dairy were of no specific breed and money to upgrade the dairy herd had never been appropriated. In the meantime the client population within the institution had grown to approximately 1,221 in number and the need for greater dairy production was pressing.

In 1919 an appropriation of \$10,500 was made and a herd of 70 registered Holstein cows was purchased at \$150 each. From then on concentration was given to building a dairy herd composed of only registered Holstein milk cows and by 1952 the following could be reported:

"The dairy consists of 108 milk cows, 45 heifers, 60 calves, and 4 bulls. All are thoroughbred Holsteins. At present there are 90 cows being milked three times a day. The average daily production is 390 gallons of milk, or 11,700 gallons per month. The feed required is 50 tons of hay, and 30,000 pounds of grain and mixed feed. The equipment consists of 6 single unit milking machines, 3 modern barns, 2 sheds, and 3 silos."

By 1934 the refrigeration facility had been improved and as the milk was pasteurized it would be poured into sterilized drink-size milk bottles. The crates of bottled milk were then kept in the dairy's cooler until delivery time to the kitchens or wards.

During these years the dairy became well known all over the State for the many awards it received for its herd and its high quality of production.

When the dairy was phased out in April, 1970, the herd was transferred for educational purposes



FIG. 10. GARDEN OF THE HOUSE OF THE FOUNTAIN IN THE TOWN OF
SAN RAFAEL, QUITO, ON THE EQUATORIAL FLOOR, 5,000 FEET HIGH.

to two Missouri colleges. Two-thirds went to Northwest State College at Maryville and one-third to Southeast State College at Cape Girardeau to serve in their respective college departments of agriculture.

THE HENNERY

As early as 1905 the possibility of the institution adding a poultry production to the farm operation was discussed. By 1908 such an operation was now supplying almost all the eggs the institution needed.

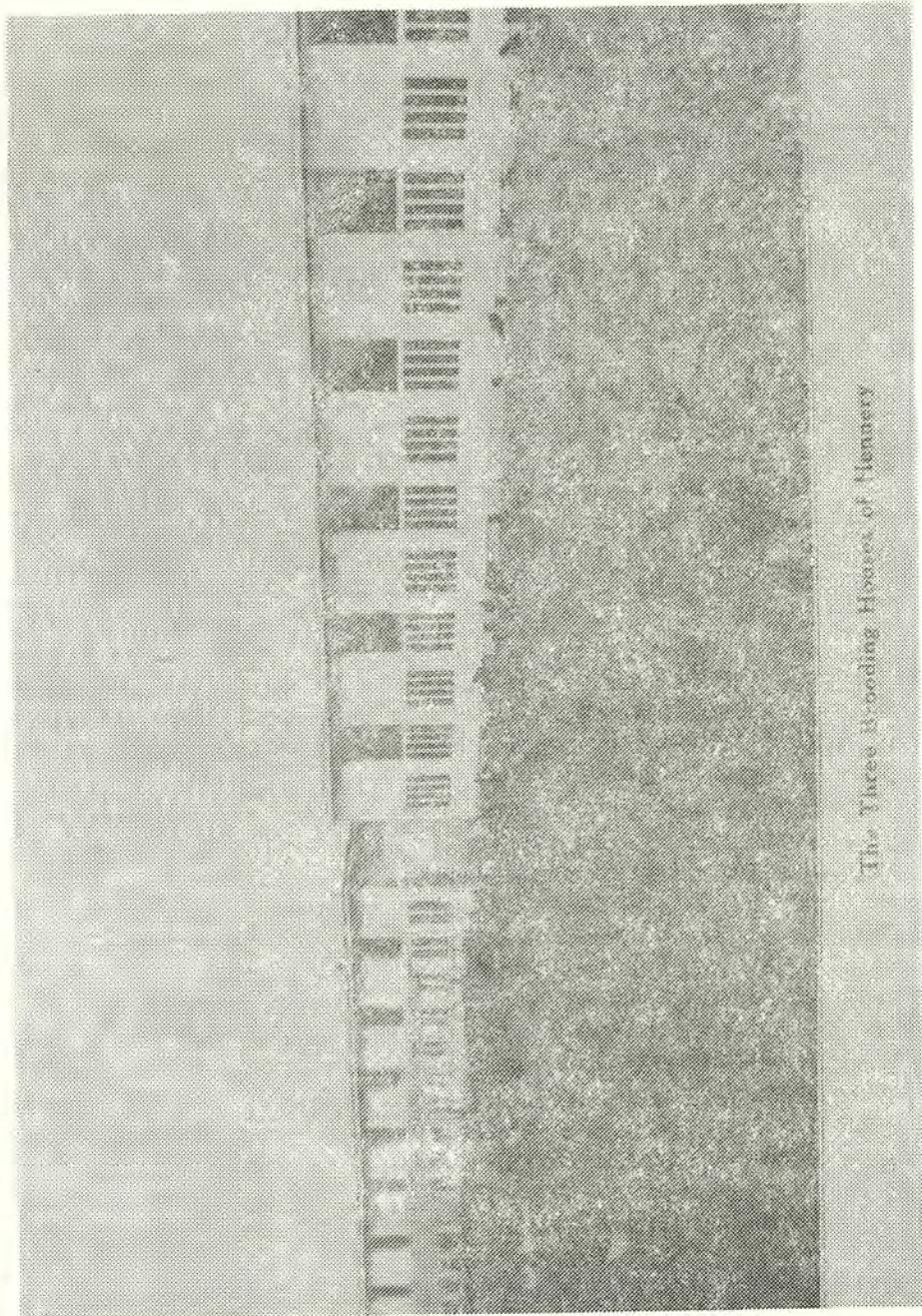
This poultry farm or "hennery", as it was referred to, would be located on 20 acres of land that is now part of the northern section of Marmaduke Park.

At the start in 1907 the stock consisted of the following: 483 hens, 14 roosters, 285 pullets, 9 turkeys, and 26 ducks. Eventually geese were added, but for the most part this was the type of poultry that was raised and used over the years, only in ever greater numbers.

Between 1907-1908 ten cement chicken coops, 14x36 feet with 100-hen capacity each at a cost of \$2,479.19 had been built and the number of hens was increased to 1,000. By 1913 there were 1,873 hens and the annual egg production was at 4,779 dozen. In 1919-1920 the operation was remodeled and there would now be 100 chicken houses. From then on through the 1930s and 1940s, the number of laying hens would fluctuate between 1,600 to 2,500. By 1952 the hennery had been consolidated into four buildings measuring 20 feet wide and 120 feet long. Egg production was up to 19,254 dozen per year.

A four-room cottage for the "poultry man" had been built in 1907-1908 on the premises. He would be given a lot of assistance by way of a client work-force initiated during those same years. It took a lot of people to feed, clean coops and gather the eggs. Once a year the chickens were culled and the culls were fattened for table use. In this way big "fried chicken" dinners were a regular part of the menus at this institution long before fried chicken became a common item for average citizens.

The Three Bounding Houses of Henricy



The henry was phased out after a devastatingly hot summer that killed half of the flock but until then it had been very productive and worthwhile.

THE HOG FARM

Right along with the previously mentioned farm operation, a "piggery" was also established. It was located on 140 acres on the west side of Ash just north of what is now Benton Hall. Its primary purpose was, of course, the production of pork for use within this institution. It was so successful that a surplus would from time-to-time be transferred to other State institutions or sold on the open market.

As late as the 1950s there was still an average of 180-250 head of butcher hogs on hand. Of these, 40-45 would be butchered each month. The butchershop was located in the northern section of what is now part of Marmaduke Park. The first slaughter house was built there in 1920-21 and would be improved whenever cold storage and refrigeration facilities were expanded.

BROOM AND MATTRESS PRODUCTION

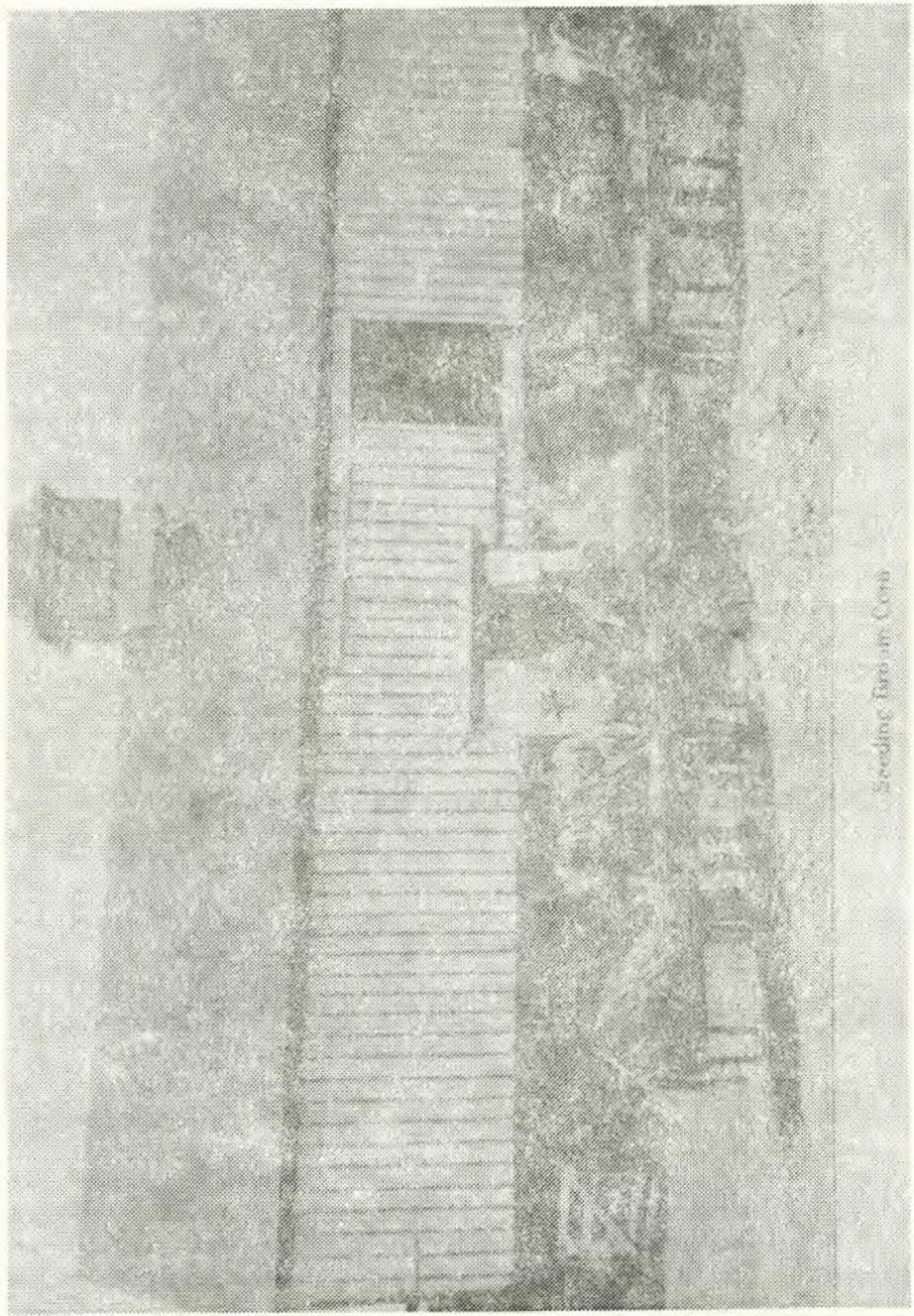
By 1913-1914 the broom and brush production was in full swing. It was introduced as "diversional therapy", but eventually changed to "occupational therapy". A mattress factory was started at about the same time. The products that were made were used at the facility but were also shipped off to other institutions in Missouri. This institution was credited for them in its support fund in each forthcoming year.

When the Occupational Therapy Building (Lake View Center) was completed all these operations were moved into it. They remained there until the 1960s.

END OF THE DAIRY AND FARM OPERATIONS

Statistics of just how productive all of these operations were would fill a book by itself. To say

Seedling Trees on Crust



that they had made the institution "self-sufficient" in many areas would be an understatement. But on April 20, 1970, a huge auction was held and everything related to the "State Farm" operation, and not needed elsewhere was auctioned off.

When A. Cummins, the steward under Superintendent G. Wilse Robinson, made his plea in 1908 in support of the superintendent to the Board of Managers, he had no way of knowing that his ideas would be followed through for about 62 years. Here is in part what he said:

"...During the next biennial period this Hospital will expend almost a half million dollars. The great bulk of maintenance comes from the treasuries of the counties. In many instances it is already a burden hard to bear. Many of them are devoting from fifteen to twenty per cent of the entire county revenue to the support of their insane, and without radical change the cost must increase.

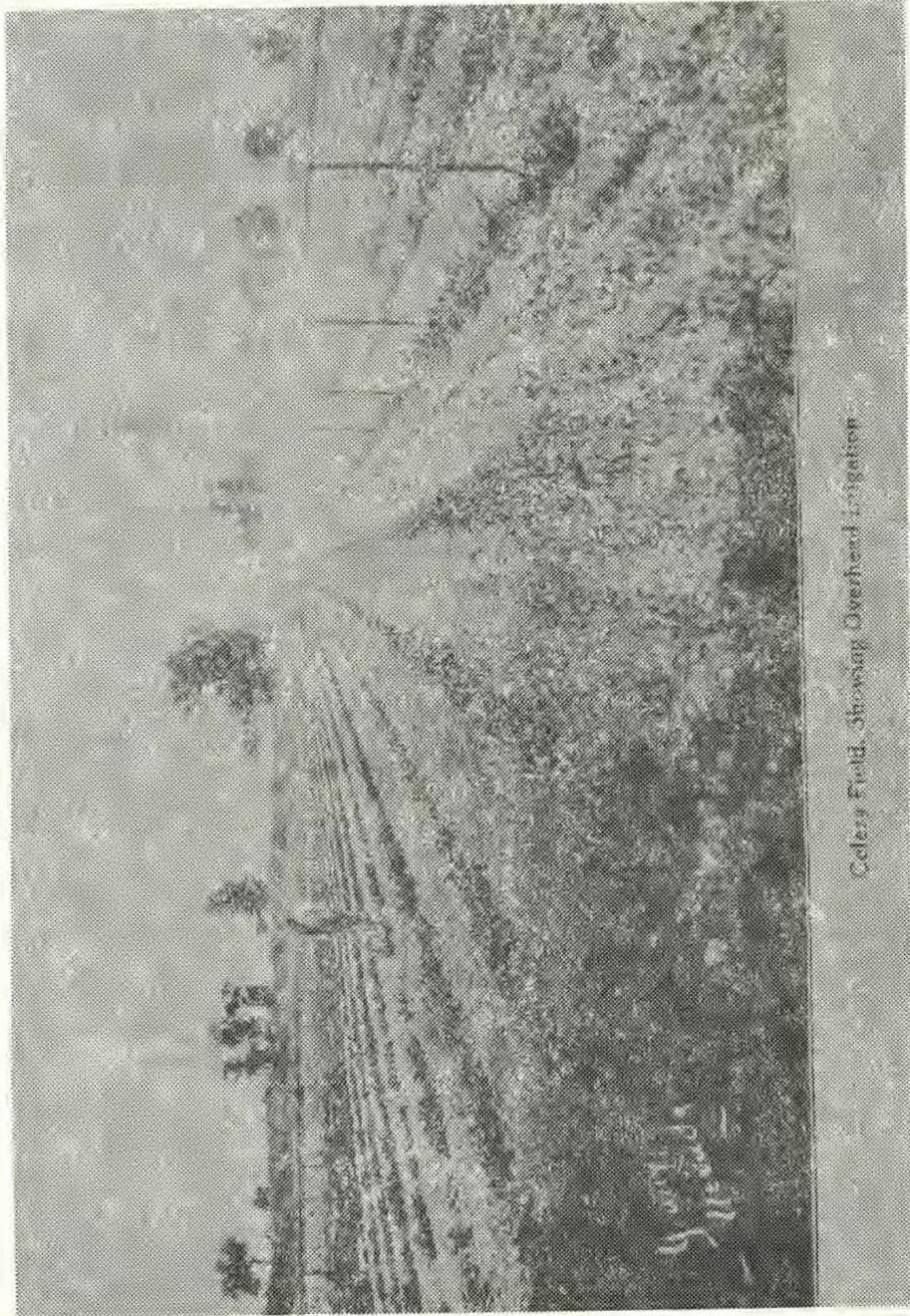
"The care of the insane has become a gigantic business proposition. From a score of patients at first gathered at Fulton the number has increased to more than four thousand, but the business method has not kept pace with that enormous growth..."

"...I am satisfied that it is entirely possible for this Hospital to provide all its food supplies. The sale of its products can be made to furnish its tables.

"But that end can be attained only when the Legislature recognizes in the care of its insane a great business proposition..."

"...With the continuance of its present rate of growth, this Hospital will have, before the close of the next biennial period, a thousand patients capable of profitable work..."

"...I am completely convinced, after many years' association with these people, that the speediest and most certain, and practically the only way to substantial restoration, lies in occupation. Times, almost without number, I have seen them taken from the ward, stolid and vacant-eyed, to the gardens and fields of the institution, so helpless of mind that they required to be re-taught to strike with the hoe,



Celery Field, showing One-head Irrigation

and from that condition of apparent helplessness, work has brought them to the re-development of the will, the re-birth of interest in life, and restoration to useful citizenship.

"I have come to regard the mentally deranged as children whose will is to be strengthened by its use. They must re-learn to do things by doing them. If the good of the patient and the good of the State demand the judicious employment of the insane, why should it be denied them?

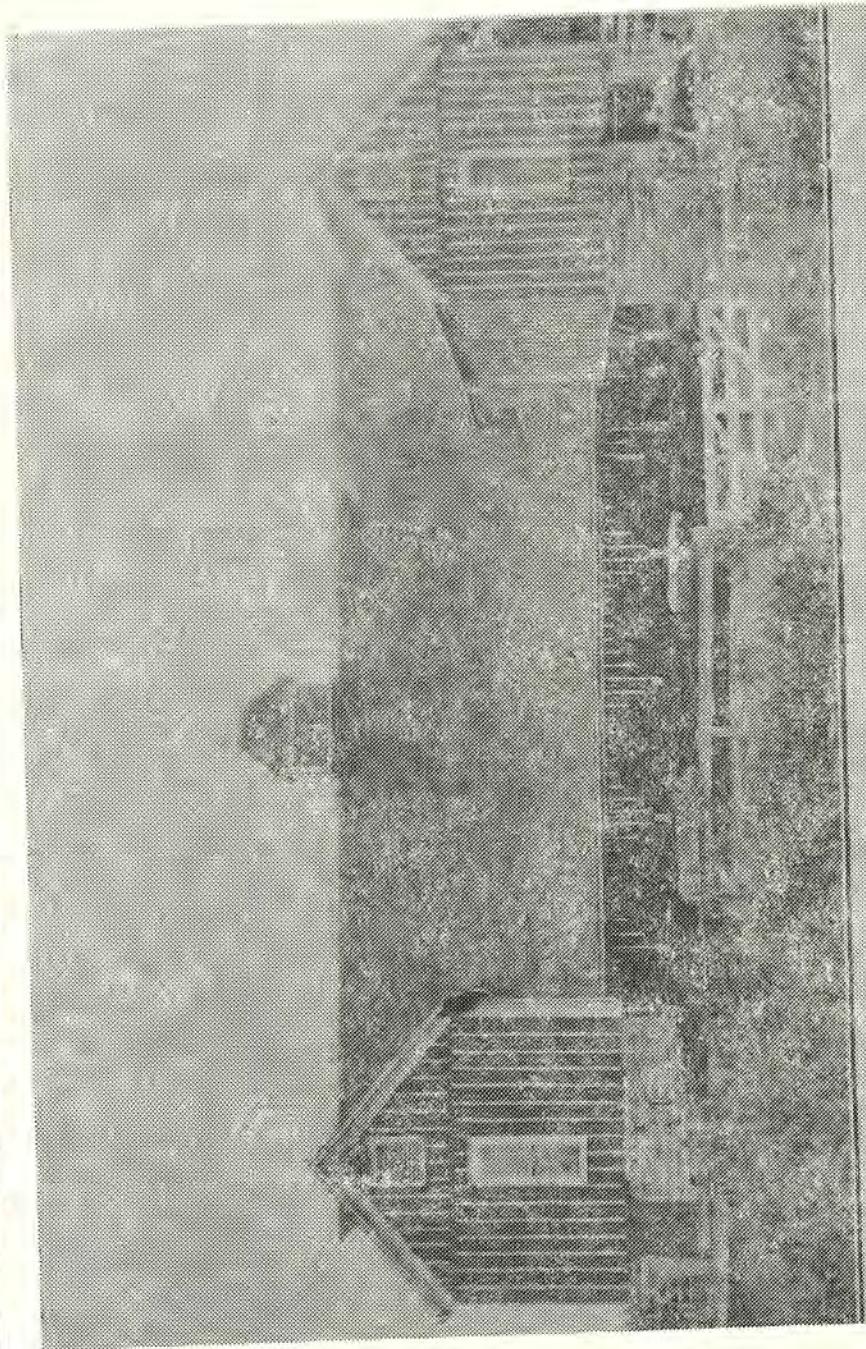
"The scarcity of labor is now imperilling agriculture. For need of it, fields are left unplanted, and harvests lost for lack of gatherers. Is it sound public policy to withhold these able-bodied wards of the State from this profitable labor and prolong insanity by locking them up with their delusions, when practically all of them can be used with profit upon the farm and in the shops of the Hospital?...It is in this way that these institutions may in time be made to approximate self-support.

"The most violent ward in this Hospital has been for the last three years building tunnels, constructing roads, clearing timber land, building houses, laying cement floors and walks, and diverse other labors, and for substantial results we would not hesitate to pit them against an equal number of paid laborers regardless of where they may be found.

"Under the conditions of which I speak this Hospital could in a few years produce all its pork, poultry, eggs, dairy products, and sell a large excess from its gardens. It could do a great part of its general repairing, broaden the usefulness of its sewing rooms, sell bits of odd manufacture, and in many other ways render its wards profitable and contented.

"Under intelligent direction two-thirds of the patients of the Hospital can be made as useful, man for man, as the average manual laborer.

"It is a sad mistake to assume that the insane man is not amenable to reason. There is no class of workers more willing. Give them the motive for action by inculcating the fact that their service is not peonage to the State, but is primarily intended for their own good, and the rest is easy. Hope has



CROWN BARN

marvelous resilience, even in a diseased mind, and respect for self is generally sleeping when it is thought dead..."

"...The public bears the cost of all failures induced by misconstruction of authority, and paralysis of plans by doubts and interruptions. Development of a system for the profitable employment of the patients, and the benefits to result from it to them and to the State, depend upon fuller recognition of the business side of the problem and a clearer statutory definition of its bounds..."

Why then did it all end in 1970?

There were several factors responsible for it. When tranquilizers came into use in the mid-1950s, the average confinement of clients became perceptably shorter, and very few who were admitted came from a farm background. At the same time, many of the long-term clients who had been incorporated into the farm work force were dying out. With the greater incidence of inter-institutional transfers beginning in the mid-1960s there was not enough time to train new clients in these areas. More importantly, new laws relating to clients rights and labor practices were enacted and in place by 1970. They affected directly the number of hours clients could work and the amount of pay they had to receive for the work they did.

It must be remembered that the clients who had worked in the farm operations received only their room and board, but no actual wages. Concern had also been voiced in more recent years that clients were perhaps kept institutionalized longer than really necessary if they were good workers so as not to diminish the work force. By the same token, there was always the possibility that certain clients became so accustomed to working within the institution that they developed a great dependency on it and had difficulty facing their return into the mainstream of society.

In the final analysis the statement made by former superintendent, Dr. Paul Barone puts the reason for

Picking Techniques



the "industry phase-out" in the clearest perspective: "If industrial therapy is to be effective it must have a reasonable terminal point. Therapy stretching over years is no longer therapy but slave labor."

The farming operation simply no longer filled its intended use as an industrial therapy program for long-term clients.

All the farm land that the State still owns around this institution has been turned into grass land. The State leases the land through sealed bids to private individuals on a biennial basis.



CHAPTER V

NOTEWORTHY EVENTS

Before progressing to another subject in the history of this institution, several events need to be focused upon:

THE EIGHT-HOUR WORK SHIFT

It has been mentioned that through the greater part of the existence of this institution, the work schedule consisted of only two shifts - until 1947 specifically. Most industries already had the forty-hour work week by then, only state institutions were lagging behind.

In 1949, Dr. Paul L. Barone with his Business Manager, Stephen D. Gibson, decided to divide the direct care staff into three, eight-hour shifts and designated the support staff to a straight eight-hour work day also.

While this was done with the approval of the Board of Managers, it had not been approved by the State Legislature. When they found out they were not happy and summoned the administrator to Jefferson City. After a "dressing down", the legislators decided to let the forty-hour work week stand but they did not increase the operational budget for the forthcoming fiscal year. So it happened that what was then State Hospital No. 3 became the first institution in Missouri where employees worked only forty hours per week.

It must be mentioned that based upon existing records and personnel reports from retired and current long-time employees, Dr. Paul L. Barone, Superintendent; Stephen D. Gibson, Business Manager; Gay Barton, Personnel Officer; Joe M. Bailey, Attendant Supervisor for the male wing (West Hall); Margaret Bowlin, R.N., Attendant Supervisor for the female wing (Cypress Hall); and Jerry Evans, R.N., Nursing Supervisor; made a very effective administrative team.

By the time Dr. Barone retired in 1982 he had served almost 43 years, close to half of the time that the institution had been in existence.

Another important event occurred in 1948 when the "merit system" came into effect. Before that, state officials and administrative officers served at the pleasure of the incumbent party. This meant that many positions were dependent on political clout and following each state election there were many changes. Under the merit system, an official is solely judged on his or her job performance regardless of political party preference. This has given a great deal of continuity to state institutions and has cut down considerably on waste through aborted programs.

During 1962-63, the institution complex was incorporated into the City of Nevada and has enjoyed all the privileges and responsibilities that came with this annexation.

THE DIVISION OF STATE HOSPITAL #3 INTO TWO FACILITIES

In July, 1973, perhaps the biggest change in the history of the hospital occurred. The institution was divided into two separate entities each under its own administration. What had been State Hospital No. 3 would now be called "Nevada State Hospital" and consist of only the former Clinic Building (Section IV) and the Rush Building. All the remaining sections of the institution's complex became "Nevada State School and Hospital".

Nevada State Hospital remained under the administration of Dr. Paul L. Barone and was designated as a treatment center for the mentally ill. The Nevada State School and Hospital came under the administration of Charles W. Brewer and was designated to the treatment, training and habilitation of the mentally retarded and developmentally disabled. Both facilities still operate under those designations today, 1985, except the "State School" was renamed Nevada Habilitation Center on October 1, 1983.

RECENT CHANGES IN ADMINISTRATION

Between 1970 and 1976 there were some administration changes that need to be sorted:

In May, 1970, Dr. Derek D. Hughes was appointed Superintendent of State Hospital No. 3 while Dr. Barone remained as Assistant Superintendent. In July, 1972, Dr. Hughes was transferred to Jefferson City and Dr. Barone returned as Superintendent again and remained as such until July, 1975.

In the meantime, the institution's split had happened and Charles W. Brewer was appointed Superintendent of Nevada State School and Hospital.

In July, 1975, Dr. Edgardo C. Francisco became Superintendent of Nevada State Hospital and Dr. Barone, Clinical Director of the Outpatient and Alcoholism Unit. At the end of October, 1976, Dr. Francisco resigned and Dr. Barone returned to serve again as Superintendent and remained until June 1, 1983 when he retired. Harold Wilson became Acting Superintendent at that time, and Superintendent in October of that year.

The second big change during the past decade was generated by the potential accreditation under the Title XIX Federal Grant Program established in 1971.

CHAPTER VI

THE IMPACT OF TITLE XIX

NEW FEDERAL STANDARDS

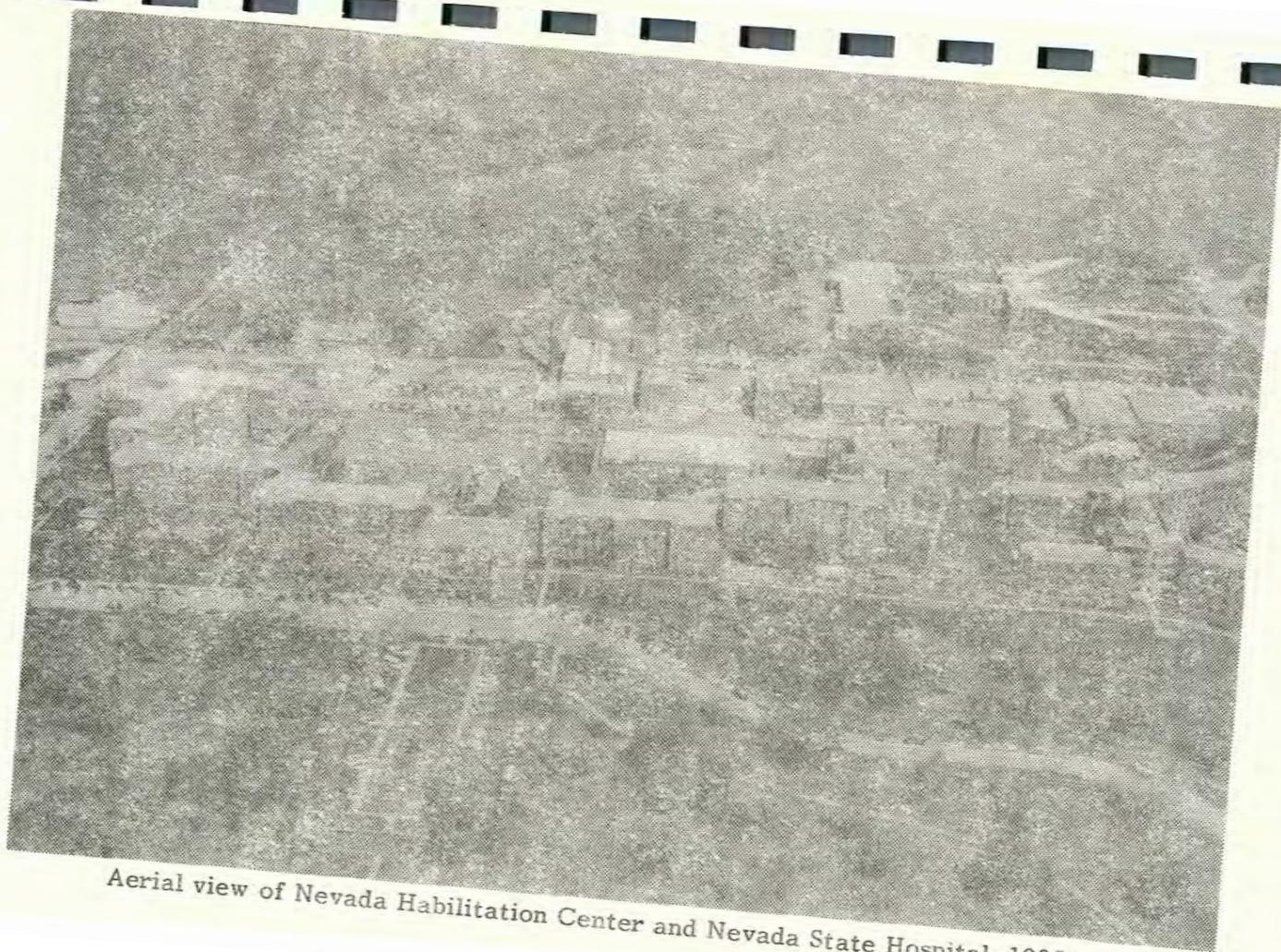
"In December of 1971, the United States Congress passed and President Richard Nixon signed PL92-223, which included Intermediate Care Facilities (ICF) in the Medicaid Act. The essence of Title XIX is to provide reimbursement at the federal medical percentage for services to individuals residing in an approved intermediate care facility, or an approved distinct part thereof. Either public or private facilities for the mentally retarded may qualify providing certain standards are met. These are outlined in Vol. 39, No. 12, January, 17, 1974, of the Federal Register.

"The federal medical assistance percentage for the State of Missouri is 59.43 percent or stated in another way, reimbursement of \$59.43 to a participating facility for each \$100.00 in state general revenue currently spent for eligible services. To a facility such as Nevada State School-Hospital, assuming that all current residents would be eligible recipients, and approximating a \$5,000,000 state general revenue currently being spent for eligible services, more than \$2,950,000 could be generated in reimbursable federal dollars. This figure, converted to annual direct care personnel salaries at an average of \$5,400 would provide support for approximately 546 staff.

"The most significant aspect of ICF is the provision for reimbursement to a distinct part of any facility so long as that distinct part meets all HEW standards and requirements for an intermediate care facility."

For Nevada State School and Hospital specifically, it would mean federal reimbursement funds up to 55% of the state's cost in care of the mentally retarded individual - if the institution could meet federal standards in the physical and in the treatment programs.

Much of the transfer of mentally ill client in exchange for the mentally retarded persons had been completed between 1971 and 1973.



Aerial view of Nevada Habilitation Center and Nevada State Hospital, 1985.

THE CAPITAL IMPROVEMENT PLAN

To meet the objectives of Title XIX, Mr. Charles Brewer promptly developed a "capital improvement plan" along a sequence of stipulated priorities. Following Title XIX guidelines, the institution reorganized existing treatment programs and developed new ones to meet all federal regulations. They are now in place and have been outlined earlier.

"Under this 'capital improvement plan', the following major projects were completed: all utilities, i.e. water, heating, sewer and electrical systems were updated; all wards were remodeled. This included removal of all doors and transums, widening the doorways and installation of new doors. Lowering all ceilings and installation of sprinkler systems and a new alarm system throughout the entire complex. Building of three new elevators and several chairlifts. Removal of all access barriers for handicapped persons. Remodeling of all toilette and bath facilities. New furnishings for the wards, including carpeting and draperies. Air conditioning of all wards. (The initial cost of these improvements was \$10,346,000.)

"All incidental projects remaining under the 'twelve year improvement plan' established in 1973-74 should be completed by the end of 1985."

To understand this surge of concern for the treatment of the mentally retarded, a brief mention of parts of the laws contained under the Act of Title XIX might be helpful. The law states in part:

"...Every mentally retarded person, regardless of the severity of his/her disability, is first and always part of the human family is more like other people than different from them..."

"...and that ... Each mentally retarded person has exactly the same rights as every other citizen. He/she has a right to human treatment, human dignity and the opportunity for education and training commensurate with his/her needs..."

"and... To enable implementation of these rights, financial assistance should be available..."

Concurrence with these laws is reflected in the Nevada Habilitation Center's statement of its philosophy, mission and goals:

Philosophy

The philosophy of the Nevada Habilitation Center is based upon the belief that all mentally retarded and developmentally disabled persons are capable of learning, modifying their behavior and developing skills that will enable them to live a satisfying life in their own community.

Mission

The primary mission of the Nevada Habilitation Center is to provide an age appropriate environment in order to habilitate Missouri citizens who are referred by the Regional Centers.

The secondary mission is to provide a medical care unit that will serve Nevada Habilitation Center, Nevada State Hospital, area Regional Centers and Mental Health community placements.

The third mission is to provide and maintain an environment and supportive services that will enable Nevada Habilitation Center and Nevada State Hospital to reach their objectives.

Goals

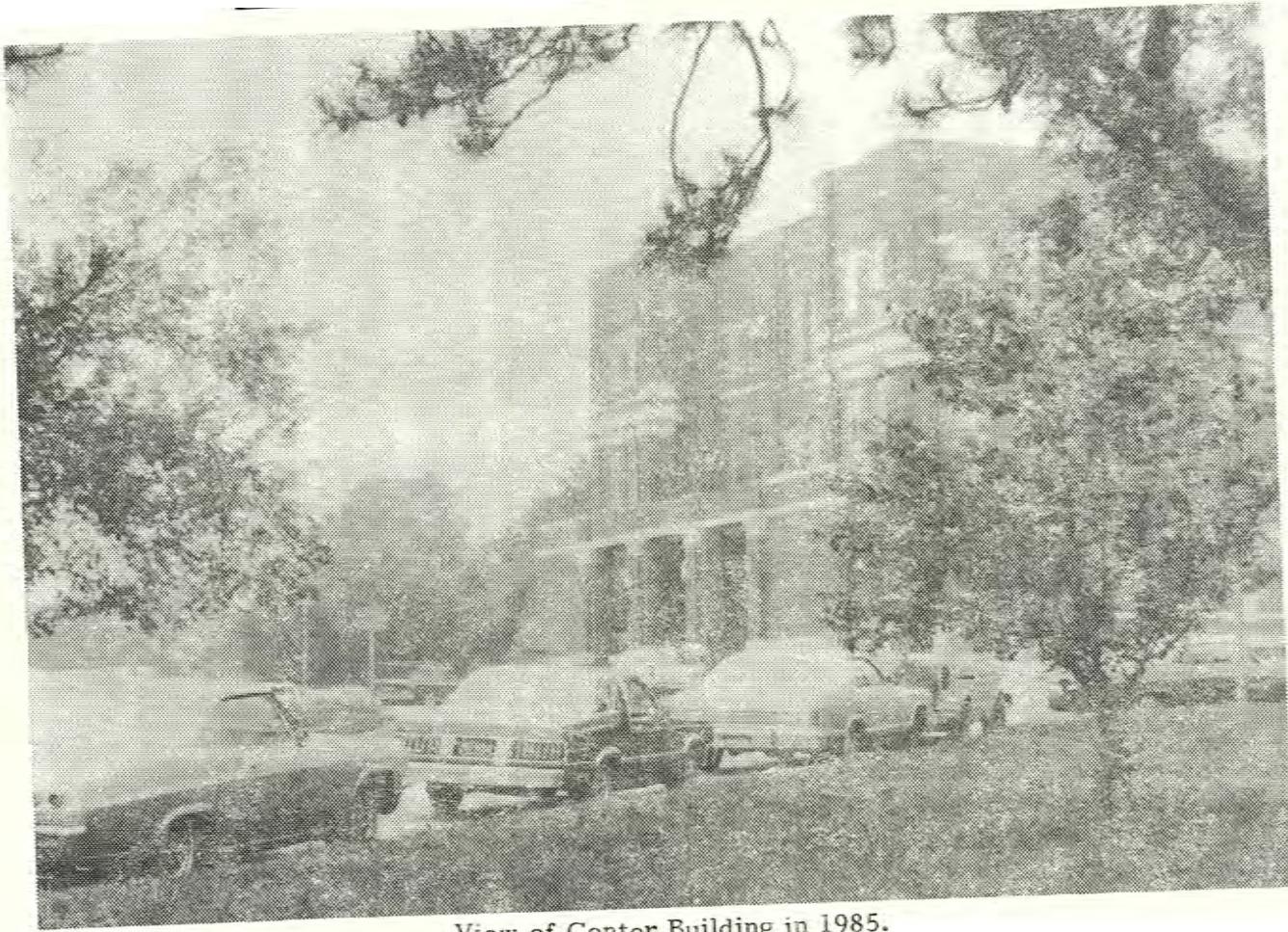
To provide individualized programs of habilitation for all clients that are designed in relation to their needs for community acceptance.

To insure that each client has the opportunity to return to their community at completion of program of habilitation.

To provide the least restrictive environment possible within the facility during their period of habilitation.

To implement policies of normalization and deinstitutionalization at all levels of programming.

To provide for the informed participation and cooperation of client relatives or surrogates in individual habilitation planning.



View of Center Building in 1985.

To provide trained staff and an environment that will enable the mission of Nevada Habilitation Center to be accomplished.

To maintain policies that will ensure that all clients and staff's human rights will be respected.

At this time, under Charles W. Brewer's vigorous leadership as Superintendent, this facility is very much in compliance with the regulations and standards set by the Title XIX. The facility is anxiously anticipating gaining the accreditation through AC/MRDD.

NEVADA STATE HOSPITAL UNDER TITLE XIX

The Nevada State Hospital has been greatly influenced by Title XIX also. Here the law has affected changes in programming and operational procedures. Funds have been more limited in the area of capital improvements, permitting only nominal remodeling projects and needed repairs. One of the projects was the installation of structural awnings around the exterior of the Rush Building in 1982 and subsequent roof repairs on both State Hospital buildings.

Since July 1, 1983, additional staff has been hired, management reorganized, and new treatment programs initiated. Patient Employment Training Programs were funded on July 1, 1985, and are now being developed. Additional professional staff has been hired and is reflected in the 33% increase in the professional nursing staff. Also on July 1, 1985, Capital Improvement funds in excess of \$5.5 million dollars were appropriated for renovation and structural improvements at Nevada State Hospital. Renovation will include extensive improvements in the heating systems, elevators, showers, water pipes, food galleys, safety standards, and numerous other miscellaneous items.

Completion of the building improvements and addition of needed staff will contribute to improved patient care, certification for Medicare reimbursement, and accreditation by the Joint Commission for Accreditation of Hospitals.

PHILOSOPHY, MISSION AND GOALS

In keeping with the philosophy of the Department of Mental Health and with its goals, Nevada State Hospital is continually striving to provide a service delivery system that seeks to reduce the incidence and prevalence of mental disorders, to maintain and enhance the intellectual, interpersonal, and functional skills of individuals affected by mental disorders, to improve public understanding of and attitudes towards mental disorders.

In developing the goals of the Department, Nevada State Hospital intends to develop a community-based delivery system that will enable individuals to receive services as near to their home as possible.

Our mission is that of the Department of Mental Health—to provide services to all citizens, services that will meet their emotional needs, and as close to their home area as possible. To make available services that are appropriate, accessible, and least restrictive.

CONCLUSION

One of the main thrusts of this history must be to illustrate and emphasize that this institution, no matter under what name or administration it has operated these first 100 years, has always been a place of progress in the care and treatment of mentally handicapped persons and will no doubt continue to do so in the future.

In fulfilling its primary goal and purpose, it has not only benefitted those who are cared for and treated here, but has provided a livelihood for thousands of persons who have worked here. The impact this has had, and will continue to have, in terms of the prosperity and well-being of this community and its many citizens, can better be estimated by the review of some comparative statistics.

During the first two years, from 1887-88, 281 patients were admitted here. The staff consisted

of the Superintendent, two physicians, and about 25 employees. Payroll figures are unavailable, but salaries were low. By 1907-08, some 1205 persons were under care here. There were now seven officers, and some 120 employees. The latter's monthly salary averaged between \$25-\$30. The annual payroll was \$109,418.41.

Twenty years later, in 1927-28, the patient population stood at 1,515. There were still only seven officers, with a consulting staff of eight, and 161 other employees. Their average monthly pay was now between \$40 and \$45. The annual payroll was \$286,125.07.

Slightly more than 20 years later, in 1949-50 the statistics look as follows: The daily average population within Nevada State Hospital #3, was 2,002. The total number of employees, including administrative staff and physicians, was 438. With an annual payroll of \$591,382.59.

In this centennial year there are 136 clients at Nevada State Hospital, and 382 clients at Nevada Habilitation Center. There are 926 full-time employees at Nevada Habilitation Center and 182 full-time employees at Nevada State Hospital. The projected payroll for the year is \$3,050,000 for Nevada State Hospital, and \$11,732,000 for Nevada Habilitation Center.

In 1900 the cost of treatment and care for the average client was 68 cents per day; today it is \$118.46 per day.

REMINISCENCES OF DR. PAUL L. BARONE
(As edited by Al Fenske)



My parents were from Santa Crogi, Camerina (Holy Cross, Sicily). My father was a fruit merchant, born there in the 1800s. He came to New York in 1896 and obtained his citizenship that same year. He married my mother on a return trip to Italy in 1900. I was almost born on a cattle boat as my mother came over to America. Barely made it. I was born October 11, 1902, in Patterson, New Jersey.

When my father first came to New York, times were very hard. He had two sacks and would go around New York City and sell lemons from his back. Finally he came to Patterson and saw a store that he wanted and he set up a business as a wholesale fruit merchant.

My father always had it in his head that I should be a doctor and he talked me into it. I'm glad that he did because I wanted to become one myself.

During the second world war, my brother also became a medical doctor in Italy and returned to Patterson. He died in a veterans hospital in Newark, New Jersey. He has a son who has just finished his medical degree.

I went to a small University called Alfred University with less than a thousand students where I received my Bachelor of Arts Degree. Alfred University is a hundred miles south of Buffalo, New York.

Then I went to Italy. I went to school at the Royal University in Naples from 1930 to 1936 and graduated with a degree in medicine and surgery. I came back to Patterson, New Jersey, in the middle of the year.

All the internships were taken and I had to have a year of internship before I could take my State Board examination. So, I wrote to various institutions and found two positive places where I could have an internship. One was in St. Joseph, Missouri and the other was a place in North Dakota. I got as far as St. Joseph, Missouri on December 31, 1936. It was a miserable December. We had snow and ice and St. Joe was particularly nasty. I thought that if it was this bad in Missouri, then it would be much worse in North Dakota, and I decided to stay with the Sisters of Charity Hospital in St. Joseph. I interned there for two and one half years, then I took a residency at State Hospital #2 in St. Joseph in their State Cancer Clinic for six months. From there I came directly to Nevada. First, I got married to Martha Watkins from Princeton, Missouri, in St. Joseph, January 20, 1940, but both of my children were born in Nevada in 1942 and 1943. They are Joseph Albert and Jean Ann. Now I have a grandson named Paul Walter Barone.

After my wife, Martha, finished raising our two children she decided to go to work again as a registered nurse. She started with the El Dorado Springs City Hospital and worked there for two and one half years. In 1963 she began to work at the Nevada City Hospital and was Director of Nursing there until 1980.

The first years when I came to work at Nevada State Hospital, we were paid only \$75 a month plus room and board. When I took over as Superintendent in 1948, I got the magnificint sum of \$250 a month.

We lived for several years on the 3rd floor of the Center Building, which at that time was used as living quarters for the professional staff of the institution. After I became Superintendent, I moved down to quarters on the second floor.

This hospital reached a high of 2,186 patients about 1950, before the tranquilizers came into use. When we began to use tranquilizers, the patient count began to drop. At that time, Missouri had over 13,000 mental patients in its five state hospitals. Today this has been reduced to 2,200. In fact, the whole country at this time had about 500,000 mental patients in its

state hospitals and this population decreased to about 150,000 after the tranquilizers came into use in 1954-55. Thorazine was the first tranquilizer used and Compazine was the second. It made it possible for the patients to communicate with the staff and undergo psychotherapy. Little by little patients would leave the hospital and go into the surrounding communities. There are now several of our mental patients in town who are working for themselves. They do not have very high-priced jobs but they are making a living for themselves and they have their freedom.

We started outpatient clinics so we could take care of many of our patients in the surrounding areas. Among the many other programs that have been offered at Nevada State Hospital was an internship for the training of Osteopathic physicians under the direction of Dr. Joe Combs. At one time we had 21 students in the program. We also had a training program in affiliation with the Kansas City College of Osteopathy from 1965 to 1969.

This hospital was the first to develop an Art Therapy Department in 1955. The man who set it up for us was Harry Chew. He was very talented and had a knack for drawing all kinds of hidden creativity out of our clients. Many of the paintings were so good that we sent them to the State Fair in Sedalia for judging. Some of these paintings can still be found decorating the walls of the hospital now. Harry Chew was the Chairman of the Division of Fine Arts at Cottey College, but he also worked with our clients all those years until his death in 1978.

In May, 1964, we were the first hospital to receive a grant for a project entitled "Accredited Program of Therapeutic Education". It incorporated academic as well as industrial training for confined juveniles. Jim Jones, who is now in charge of Quality Assurance was then in charge of the industrial instruction.

We had a small band and performed weekly on Radio KNEM. We even went to play for picnics and social occasions. Many people around Nevada will remember our State Hospital Band. We also started programs like occupational therapy and recreational

therapy. We had very good programs until they decided in about 1971 to split our hospital into two separate facilities. The split didn't come until July 1973. At the time we split we were down to about 1,000 patients. They gave me the job of sending about 500 mentally ill patients to other state hospitals and we brought in mentally retarded patients.

We have a lot of good little stories to tell that happened over the years with patients under treatment. Whenever patients ran off we would get four or five people together and we would go and try to pick them up ourselves. One time a patient, who had the propensity to be dangerous, ran away. We chased him and cornered him in one of our fields. There was a whole bunch of us looking for him including Joe Bailey and Mr. Gibson. The patient picked up a branch of a tree, came after me and knocked me down. Joe tackled him from above and Mr. Gibson tackled him below and there I was on the ground. The staff always came to my rescue and tried to take good care of their "Pappy" as they called me.

Another time when a patient ran off, I went after him alone and cornered him in one of the corn fields. He came after me and was quite a bit bigger than I, so I picked up the only thing that was available to protect myself, an old dried cornstalk. As I raised it over my head it bent and broke. The patient thought this was so funny that he started laughing and said, "Don't worry Doctor, I won't hurt you. Let's go back to the ward."

Once seven patients cornered two employees and took away their keys, tied them up and escaped. Steve Gibson and I spent two or three days looking for them and drove all over Vernon County. We had a policeman with us one night and spotted a man under the subway viaduct, grabbed him and scared the hell out of him. But it turned out not to be one of those patients we were looking for. It was a local boy who for some reason was out late roaming the streets. The policeman said, "Well, maybe you did him a good deed and he'll stay off the streets at night after this."

In my youth, Lou Costello and I went to high school together for two years. He dropped out after two years and never came back. He was a very jolly person, not a funny man like he was later on in life. He left in the middle of the school year because he got a job doing burlesque. Later he worked in Vaudeville with Kate Smith and from there he went on to Hollywood. Bud Abbott, Costello's partner, lived close to Patterson, in Passaic, New Jersey, and they formed a team. I was particularly sorry at Lou Costello's ending. He had a child born in Hollywood. The child fell into a pond and drowned. From then on Lou Costello's life took a downhill course.

During high school we used to meet at the local ice cream parlor at noon for lunch. That was before he dropped out of school. There were four or five of us that ran around together. They are all dead now. Joe Stanley, a baseball player, and a football player, Johnny Cosco, who became County Clerk in Patterson, and Eddie Laragay who became a dentist. Eddie served in World War II and when the Americans were driven out of the Phillipines, he was taken prisoner and was put on a Japanese prison boat and was on his way to Japan when the boat was sunk by one of our planes and he went down with the ship.

Today, I'm very proud to have been given the honor of having my name put on the new surgical building. I'm very grateful to Mr. Charles Brewer, the Central Office, Dr. Ahr, and Dr. Jones for giving me this honor. It is really a thing to be proud of.

I thought that I would never like a small town. I was a big city person, but now after spending the greater part of my life, 43 years, here I don't miss the big city at all.

MARMADUKE WHO?

"EDITOR'S NOTE: The following editorial was written by Charles W. Brewer, Superintendent of Nevada State School and Hospital, at the invitation of the Nevada Daily Mail. July 31, 1979.

"Churches, clubs, organizations, groups and numerous class and family reunions have enjoyed the quiet, restful, private picnic area of Marmaduke Park.

"The Park is located on the west side of Nevada State School and Hospital's grounds, about one-half mile from the Center Building. Marmaduke is reached by turning north on West Street from Highland then west for one-half mile on a private lane. The area contains 2 shelter houses, restrooms, cooking grills and play equipment.

"The Park is maintained to provide an off-campus program and recreational area for residents of Nevada State School and Hospital and patients of Nevada State Hospital. One shelter house is always reserved for programming. The area is available to community groups when there is no conflict with resident programs. Marmaduke Park is reserved most weekends and many evenings by community groups.

"On August the 17th and 18th, an additional facility will be unveiled—Marmaduke Park's Outdoor Theater will be dedicated. The Theater, conceived, designed and built by staff of Nevada State School and Hospital and funded by non-tax appropriated monies, will serve as an alternative location for church, movies, programs and classes during the warm months for Nevada State School and Hospital residents and Nevada State Hospital patients.

"On the 16th, 17th and 18th of August, more than 50 Vernon Countians will combine their talents to present a show of galloping nostalgia to dedicate the facility. The August 16th performance will be for an audience of Nevada State School and Hospital residents and Nevada State Hospital patients. The 17th and 18th show and the presentation of the facility will be to friends and public.

"The proceeds of the performances will all go to the support of the Vernon County Special Olympics.

"This additional activity has added to the often asked question. 'Marmaduke, who? Why Marmaduke?' 'You named a Theater for a dog in the comic strip?' No — our Marmaduke was a person, and quite a person he was.

"John Sappington Marmaduke was born March 14, 1933, in Saline County near Arrow Rock. He was one of 10 children of Lavinia Sappington, daughter of a most famous early Missouri physician, and Meredith Miles Marmaduke of Virginia. The father was the eighth governor of our state in 1844, when as Lt. Governor, he completed the term of Thomas Reynolds who at the age of 48 sent for a rifle and by twine attached to the trigger shot himself.

"John attended the school of Saline County, Chapel Hill College on the western edge of Lafayette County, Masonic College at Lexington, Missouri, Yale for two years and Harvard for a year. From Harvard, he entered the U. S. Military Academy at West Point graduating in 1857. He served in the Utah Mormon War 1858-60 and was stationed in New Mexico when the Civil War started.

"Marmaduke resigned from Union Army and returned to serve as a Colonel in the 1st Regiment of Rifles of the State Militia at the Battle of Booneville, June 17, 1861, and by the fact Missouri was not admitted to the Confederacy at Richmond until Nov. 28, 1861, he resigned and rode to Richmond where he was commissioned a 1st Lieutenant in the Confederate Army.

"He fought so well at Shiloh, he was promoted to Brigadier General. He was captured in 1864 and was a prisoner at Fort Warren until the summer of 1865. After the war, he was engaged in insurance and was editor of the 'St. Louis Journal of Agriculture.' He was nominated and elected in 1884 as the 25th Governor of Missouri. Marmaduke died in office on December 28, 1887, a year before the expiration of his term.

"One of his acts of office was the establishment of Insane Asylum No. 3 at Nevada in 1885. When the Park was named for the Governor eludes this novice historian, but his actions of establishing the facility is worth the tribute.

"Someone may ask, 'But why name a Theater after him 94 years later?' 'How do you know he would have liked it.'

"History tells us of one event that happened to this six foot bachelor during his military career that leads us to believe that he would be pleased. His fairness and chivalry plus his closeness by experiences to our area would make him proud to know that a Theater, built to bring pleasure and enlightenment to handicapped citizens of his State, bears his name.

"The action came about when the Confederate General Sterling Price marched an army of 9,000 veteran soldiers and about 3,000 recruits and bushwhackers right to the very door of Kansas City and into a trap set by a 20,000 man Union Army.

"Price and his Generals Fager of Arkansas and Shelbey and Marmaduke of Missouri were crushed at Brush Creek in the Battle of Westport. The Confederate forces fell back and began to flee southward. The Union Army pursued seventy miles south of Kansas City, General Price moved his army across the Marais des Cygnes River, near Pleasanton, Kansas and wisely decided to leave a force to fight a rearguard action.

"General Marmaduke and his troops were chosen to wait and confront the Union Army. Well-fed and well-mounted Union troops came at doubletime. The Confederates fought, fell back, regrouped and fell back again under the continual attacks of Union forces.

"A 20-year-old Union cavalryman, Private James Dunlavy of Iowa rode wildly on the extreme right end of the cavalry line into his first battle. His company line broke; Dunlavy, wounded and astride a runaway horse, galloped wildly from the battle. The Iowa private found himself in a confused group of wounded and lost men. He suddenly realized many of the uniforms were gray. Frantically, Dunlavy leveled his rifle at one horseman, dust covered and disheveled beyond recognition, and relieved him of his revolver and took him captive.

"The prisoner said, 'What's wrong son? Who are you?' 'Private Dunlavy, 3rd Iowa Cavalry', the young man

answered. 'In that case', said the prisoner, 'I'll tell you who you have captured. Since you are not a Kansasan, you won't shoot me on the spot. I am General John S. Marmaduke, Confederate Army.'

"At that moment, Union Colonel G. W. Blair happened upon the pair and the General surrendered himself formally. General Marmaduke was so impressed with the lad and because of his feeling of fairness, he sent his personal sidearm to Dunlavy as a prize of war. Following his army service, Dunlavy returned to Iowa and became a doctor. He died at the age of 79, still a practicing physician in Enid, Oklahoma.

"His remarkable captive, General John S. Marmaduke had fought the rear action and allowed Price's troops to reach safety. He was a prisoner at Fort Warren, Massachusetts until the summer of 1865. Twenty years later, he became the 25th Governor of Missouri."

Charles W. Brewer
Superintendent
Nevada State School-Hospital

ACKNOWLEDGMENTS

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Our primary sources have been: The Biennial Reports of the Superintendents to the Board of Managers, the Biennial Reports of the Boards of Managers of the State Eleemosynary Institutions, the Official Manuals of the State of Missouri, Annual Report of the Division of Mental Diseases, and Brown's History of Vernon County (1887), Nevada Daily Mail, Facts Concerning State Hospital #3 (1952). We gratefully acknowledge information provided by Dr. Paul L. Barone, Mr. Stephen D. Gibson, Mr. Gay Barton, the late Mr. Gerald G. (Bud) Prideaux, Mr. Tom Pyle, Mrs. Nina Gilpin, Mr. Harold Wilson, Mrs. Margaret Bowlin, R.N., and Mr. Charles Brewer.

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RESEARCH AND COMPILATION
ALFRED FENSKE
Assisted by
Kerri Myers

